PAGE 1 / 220

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 011	r Other Than An Auth	Committee	Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FED	ERAL PAC		
ADDRESS (number and street)	612 W. Nolana Suite 340		
Check if different			
than previously reported. (ACC)	McAllen		TX 78504 - -
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	Y 🛦	STATE ▲ ZIP CODE ▲
C C00415752	3. IS		OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 ((Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Floation	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 04	01 2018	through 0	6 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of Perez, Ernie, , ,	my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Ernie, , ,	[Electronically Filed]	Date 07 / 12 / 2018
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

OF FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 04	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018	[554794.84
(b) Cash on Hand at Beginning of Reporting Period	556319.50	
(c) Total Receipts (from Line 19)	132818.73	261693.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	689138.23	816488.32
7. Total Disbursements (from Line 31)	59969.46	187319.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	629168.77	629168.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

I. Receipts tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period	Calendar Year-to-Date
Individuals/Persons Other Than Political Committees	119377.50	
Than Political Committees	119377.50	
	119377.50	
(i) Itemized (use Schedule A)	119377.50	000004.00
	4	220384.96
(ii) Unitemized	8441.23	36308.52
	1 1 1 1 1 1 1 1 1	
Lines 11(a)(i) and (ii)▶	127818.73	256693.48
	0.00	0.00
	0.00	0.00
	0.00	0.00
	4	0.00
	127818.73	256693.48
	4 4	4 4
-	0.00	0.00
y Communicación	4 4	4 4
Loans Received	0.00	0.00
n Panaymenta Passiyad	0.00	0.00
	7	7 7
·	0.00	0.00
	4	4 4
	5000.00	5000.00
er Federal Receipts	4 4	4 4
idends, Interest, etc.)	0.00	0.00
nsfers from Non-Federal and Levin Funds	4 4	4 4
Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Other Political Committees (such as PACs)	(iii) TOTAL (add Lines 11(a)(i) and (iii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures:	iotal IIIIS Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	34969.46	57319.55
(c) Total Operating Expenditures	34969.46	57319.55
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	25000.00	130000.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	4 4 4
	4 4	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
,	7	4.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)))	4 4
(a) Allocated Federal Election Activity	<i>'</i> '))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	49- 49- 40-	7 7 7
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50060.46	187319.55
Total Federal Disbursements	59969.46	10/319.55
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	59969.46	187319.55

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	127818.73	256693.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	127818.73	256693.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	34969.46	57319.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34969.46	57319.55

I	FOR LINE NUMBER:						PAGE	6	OF	220
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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Abreu, Charity, , , Mailing Address 1619 hertiage lane	Date of Receipt	
City	State Zip Code	04 18 2018 Transaction ID : SA11AI.42715
FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) self-employee Receipt For: Primary General	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1000.00	Memo Item contribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle In Abreu, Charity, , ,	7 7 7	Date of Receipt
Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1250.00	Transaction ID : SA11AI.43037 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Abreu, Charity, , , Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee.	State Zip Code 78572	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1500.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	only)	

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	for commercial purposes, other than using the r								
\rangle	BORDER HEALTH FEDERAL PA	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Abreu, Ricardo, , , Mailing Address 200	al) or Full (Organization Name	Date of Receipt					
	E. Xenops	1		04 18 2018					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.42716 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer (for Individual) Self employed		cupation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	1.,	e Year-to-Date ▼ 600.00	CONTRIBUTION					
В.	Full Name of Individual (Last, First, Middle Initial Abreu, Ricardo, , , Mailing Address 200	al) or Full (Organization Name	Date of Receipt					
	E. Xenops City McAllen	State	Zip Code 78504	05 11 2018 Transaction ID : SA11Al.43038 Amount of Feeb Passist this Passist					
	FEC ID number of contributing federal political committee.	С	70304	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Self employed		cupation (for Individual) ysician	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00						
С.	Full Name of Individual (Last, First, Middle Initial Abreu, Ricardo, , , Mailing Address 200	al) or Full (Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	E. Xenops City McAllen	State	Zip Code	Transaction ID : SA11AI.43361					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Self employed Receipt For:	phy	cupation (for Individual)	Memo Item contribution					
	Primary General Other (specify)	Aggregate	900.00						
s	SUBTOTAL of Receipts This Page (optional)			450.00					
Т	OTAL This Period (last page this line number or	nly)							

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or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Abreu, Ruben, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 104 augusta square		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42717
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle In Abreu, Ruben, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 104 augusta square		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43039
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name of Individual (Last, First, Middle In Abreu, Ruben, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 104 augusta square		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43362
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	rygregate rear-to-Date ▼	1
Other (specify)	1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number		

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name of Individual (Last, First, Middle Init Aguilera, Juan, , , Mailing Address 807 North Cage	ial) or Full Oi	rganization Name	Date of Receipt				
	City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42718				
	Pharr	TX	78577	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed		ıpation (for Individual) sician	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
В.	Full Name of Individual (Last, First, Middle Init Aguilera, Juan, , , Mailing Address 807 North Cage	ial) or Full Oi	rganization Name	Date of Receipt 05 11 2018				
	City	State	Zip Code	Transaction ID : SA11AL43040				
	Pharr	TX	78577	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00					
— С.	Full Name of Individual (Last, First, Middle Init Aguilera, Juan, , ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 807 North Cage			06 22 2018				
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.43363 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed	Occu phys	ipation (for Individual) ician	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00					
	UBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00				
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Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may rethe name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Alleyn, Michael, , , Mailing Address 5505 N. 4th	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	04 18 2018
mcallen	TX	78501	Transaction ID : SA11AI.42720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00		
Name of Employer (for Individual) self-employed	'	ation (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Alleyn, Michael, , , Mailing Address 5505 N. 4th	Initial) or Full Orga	nization Name	Date of Receipt
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.43042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed	l .	ation (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle Alleyn, Michael, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5505 N. 4th	Oksts	7in Oada	06 22 2018
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.43365 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed		ntion (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional).		•	750.00
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE I (check only)

FOR LINE NUMBER:					PAGE	•	11	OF	2	220	
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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road City	Initial) or Full Organization Name State Zip Code	Date of Receipt 04 18 2018 Transaction ID: SA11AI.42721
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1450.00	contribution
Full Name of Individual (Last, First, Middle Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road	Initial) or Full Organization Name	Date of Receipt 05 11 2018
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.43043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	
Full Name of Individual (Last, First, Middle C. Alleyn, Robert, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8330 North Shary Road		06 22 2018
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.43366
FEC ID number of contributing federal political committee.	C 70372	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1950.00	
SUBTOTAL of Receipts This Page (optional).	•	750.00
TOTAL This Period (last page this line number	er only)	40 40 1 40

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	he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I A. Almedia, Hillary, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 900 E. Vermont		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42722
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	\neg
Primary General		
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle I Almedia, Hillary, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 900 E. Vermont		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43044
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 900 E. Vermont		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43367
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General		1
Other (specify)	450.00	
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 18 2018 City Zip Code State Transaction ID: SA11AI.42723 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 05 2018 City State Zip Code Transaction ID: SA11AI.43045 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 22 2018 City State Zip Code Transaction ID: SA11AI.43368 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC		
Α.	Full Name of Individual (Last, First, Middle Initi Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica	al) or Full Orga	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mission	Transaction ID : SA11AI.42724 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupa physic Aggregate Ye		Memo Item contribution
	Other (specify) ▼		400.00	
В.	Full Name of Individual (Last, First, Middle Initial Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica	al) or Full Orga	anization Name	Date of Receipt 05 11 2018
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43046 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cain	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
С .	Full Name of Individual (Last, First, Middle Initi Apolinario, Jumar, B., Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2805 Santa Erica			06 / 22 / 2018
	Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43369 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed	Occupa physica	ation (for Individual) ain	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)		····	300.00
Т	OTAL This Period (last page this line number of	only)	>	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Aquino, Edwardo, , Dr., Mailing Address 112 E. Xenops	al) or Full Orga	anization Name	Date of Receipt
	City	05 11 2018 Transaction ID : SA11AI.43047		
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Aquino, Edwardo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 112 E. Xenops City	State	Zip Code	06 22 2018
	Mcallen	TX	78504	Transaction ID: SA11AI.43370 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10001	50.00
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
С .	Full Name of Individual (Last, First, Middle Initial Arce, Daisy, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 129 Bluebird			05 11 2018
	City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43048 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		250.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			150.00

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC									
A.	Full Name of Individual (Last, First, Middle InitiArce, Daisy, , , Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing	State TX	Zip Code 78504	Date of Receipt M M							
	federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution							
В.	Full Name of Individual (Last, First, Middle InitiArias-Viaud, Julio, , Dr., Mailing Address 2600 Santa Paula City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Amount of Each Receipt this Period 100.00 Memo Item contribution									
C.	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr., Mailing Address 2600 Santa Paula City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Zip Code 78572 ation (for Individual)	Date of Receipt M M M							
H	SUBTOTAL of Receipts This Page (optional)			250.00							

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may r the name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Arias-Viaud, Julio, , Dr., Mailing Address 2600 Santa Paula	Initial) or Full Orga	nization Name	Date of Receipt			
City	State	Zip Code	06 22 2018			
Mission	TX	78572	Transaction ID : SA11AI.43373 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) selfemployed		tion (for Individual) investor	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 600.00				
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr., Mailing Address 5114 N. 10th Street	Initial) or Full Orga	nization Name	Date of Receipt			
City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42729			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00				
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 5114 N. 10th Street			05 11 2018			
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43051			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 100.00			
Name of Employer (for Individual) selfemployed		tion (for Individual)	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional)			300.00			
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Arrazola, Pedro, , Dr., Date of Receipt Mailing Address 5114 N. 10th Street 2018 City Zip Code State Transaction ID: SA11AI.43374 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane 04 18 2018 City State Zip Code Transaction ID: SA11AI.42730 TX Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane 11 2018 City State Zip Code Transaction ID: SA11AI.43052 TX Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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220 19 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane 2018 City Zip Code State Transaction ID: SA11AI.43375 TX Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 04 18 2018 City State Zip Code Transaction ID: SA11AI.42731 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 11 2018 City State Zip Code Transaction ID: SA11AI.43053 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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220 20 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 2018 City Zip Code State Transaction ID: SA11AI.43376 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 04 18 2018 City State Zip Code Transaction ID: SA11AI.42732 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 11 2018 City State Zip Code Transaction ID: SA11AI.43055 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street City Weslaco	Initial) or Full Organization Name State Zip Code TX 78596	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) doctor Aggregate Year-to-Date ▼ 2400.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr., Mailing Address 2600 Wildwood City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt 05 11 2018 Transaction ID: SA11Al.43056 Amount of Each Receipt this Period 50.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr., Mailing Address 2600 Wildwood City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt Mo6 22 2018 Transaction ID: SA11AI.43379 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	500.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Ayers, Roberto, A., Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Ayers, Roberto, A,, Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Fell Name of Individual General Other (specify)	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 11 2018 Transaction ID: SA11Al.43057 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Ayers, Roberto, A., Dr., Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt M M / 22 / 2018 Transaction ID: SA11AI.43380 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numbe	r only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Badiga, Murphy, , , Mailing Address 1503 S. Airport	ial) or Full (Organization Name	Date of Receipt
	suite 6			04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42735
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	self-employed	phy	/sician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Initi Badiga, Murphy, , , Mailing Address 1503 S. Airport	ial) or Full (Organization Name	Date of Receipt
	suite 6			05 11 2018
	City	State	Zip Code	Transaction ID : SA11AI.43058
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
С .	Full Name of Individual (Last, First, Middle Initi Badiga, Murphy, , ,	ial) or Full (Organization Name	Date of Receipt
	Mailing Address 1503 S. Airport suite 6	State	Zip Code	06 22 2018 Transaction ID : SA11AI.43381
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) rsician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)			
F	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Barrera, Marcos, , Mr., Mailing Address 3000 Yellowhammer	al) or Full Orga	anization Name	Date of Receipt 04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42736				
	mcallen							
	FEC ID number of contributing federal political committee.	C		125.00				
	Name of Employer (for Individual)							
	self-employed Receipt For:		investor	contribution				
	Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V						
В.	Full Name of Individual (Last, First, Middle Initial Barrera, Marcos, , Mr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 3000 Yellowhammer			05 11 2018				
	City	State	Zip Code 78504	Transaction ID : SA11AI.43059				
	mcallen FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 125.00						
	Name of Employer (for Individual) self-employed							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 625.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial Barrera, Marcos, , Mr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 3000 Yellowhammer			06 22 2018				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43382 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		125.00				
	Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)							
H	SUBTOTAL of Receipts This Page (optional)			375.00				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Barrera, Ricardo, , ,							
Mailing Address 420 Frio		04 18 2018					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.42737					
	10072	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00						
Full Name of Individual (Last, First, Midd Barrera, Ricardo, , , Mailing Address 420 Frio	Date of Receipt						
City	Chata Zin Code	05 11 2018					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.43060 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
Full Name of Individual (Last, First, Midd). Barrera, Ricardo, , ,	fle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 420 Frio		06 22 2018					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.43383 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00						
SUBTOTAL of Receipts This Page (option	al)	1200.00					
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or for commercial purposes, other than using the	ne name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Behara, Sebrahmanyan, , Dr., Mailing Address 121 Cardinal	nitial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name of Individual (Last, First, Middle In Behara, Sebrahmanyan, , Dr., Mailing Address 121 Cardinal	nitial) or Full Organization Name	Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.43062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle I Behara, Sebrahmanyan, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 121 Cardinal	Otate Tr. C. :	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.43385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
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	or commercial purposes, other than using the na	ame and addre	ess of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
۸	Full Name of Individual (Last, First, Middle Initial Bernini, Juan, , ,) or Full Orgar	nization Name	Date of Receipt
Λ	Mailing Address 2804 Santa Ana			04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42740
_	mission	TX	78574	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
	Name of Employer (for Individual)		tion (for Individual)	Memo Item
	elf-employed Receipt For:	physicia		contribution
ŀ	Primary General Other (specify) ▼	Aggregate Yea	nr-to-Date ▼ 1000.00	
3. <u> </u>	Full Name of Individual (Last, First, Middle Initial Bernini, Juan, , ,) or Full Orgar	nization Name	Date of Receipt
_	Mailing Address 2804 Santa Ana	05 11 2018		
	Dity	State	Zip Code	Transaction ID : SA11AI.43063
_	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		250.00
S	Name of Employer (for Individual) elf-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution
F	Primary General	Aggregate Yea		
_	Other (specify) ▼		1250.00	
	full Name of Individual (Last, First, Middle Initial Bernini, Juan, , ,	or Full Organ	nization Name	Date of Receipt
_	Mailing Address 2804 Santa Ana			06 22 2018
	Dity	State	Zip Code	Transaction ID : SA11AI.43386
_l	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		250.00
s	Name of Employer (for Individual)	Occupat physicia	tion (for Individual) n	Memo Item contribution
	Receipt For:	Aggregate Yea		1
	Primary General Other (specify)			
su	BTOTAL of Receipts This Page (optional)			750.00
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C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 2018 18 City State Zip Code Transaction ID: SA11AI.42741 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 05 2018 City State Zip Code Transaction ID: SA11AI.43064 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1250.00

		·	
Full Name of Individual (Last, First, Middle In Bose, Sarojini, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 7007 N 1st Lane			06 22 2018
City	State	Zip Code	Transaction ID : SA11AI.43387
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employed	physicia	ın	contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1500.00	
IIDTOTAL of Descints This Daws (entires)			750.00

SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 18 2018 City Zip Code State Transaction ID: SA11AI.42742 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 05 2018 City State Zip Code Transaction ID: SA11AI.43065 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 22 2018 City State Zip Code Transaction ID: SA11AI.43388 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bracamontes, Yvonne, , Dr., Date of Receipt Mailing Address 2005 Cimarron Court 2018 City Zip Code State Transaction ID: SA11AI.43066 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bracamontes, Yvonne, , Dr., Date of Receipt Mailing Address 2005 Cimarron Court 06 2018 City State Zip Code Transaction ID: SA11AI.43389 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Canales, Ricardo, , Dr., Date of Receipt Mailing Address 408 Marigold 11 2018 City Zip Code State Transaction ID: SA11AI.43067 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) conribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Canales, Ricardo, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 408 Marigold			06 / 22 / 2018
City	State TX	Zip Code	Transaction ID : SA11AI.43390
McAllen	1/	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
self-employed	physici	ian 	conribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In Cantu, Alonzo, , ,	Date of Receipt		
Mailing Address P.O.Box 2673			04 18 2018
City	State	Zip Code	Transaction ID : SA11AI.42746
mcallen	TX	78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00	
Full Name of Individual (Last, First, Middle In Cantu, Alonzo, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address P.O.Box 2673			05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.43069
FEC ID number of contributing federal political committee.	C	1	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed		ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye		
SUBTOTAL of Receipts This Page (optional)			850.00
TOTAL This Period (last page this line number			

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	and Statements may not be sold or used by any peg the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middle Cantu, Alonzo, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address P.O.Box 2673		06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43392					
mcallen	TX 78502	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	private investor	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	2400.00						
Full Name of Individual (Last, First, Middl Cantu, Leonel, , Dr.,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2102 Deborah	05 11 2018						
City	State Zip Code TX 78539	Transaction ID : SA11AI.43071					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2102 Deborah		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.43394					
FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C	50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General							
Other (specify)	300.00						
SUBTOTAL of Receipts This Page (optional	al)	500.00					
TOTAL This Period (last page this line num	nber only)						

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Melissa, , Ms, Date of Receipt Mailing Address 1201 S. Gumwood 2018 City Zip Code State Transaction ID: SA11AI.43072 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cantu, Melissa, , Ms, Date of Receipt Mailing Address 1201 S. Gumwood 06 2018 City State Zip Code Transaction ID: SA11AI.43395 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 18 2018 City State Zip Code Transaction ID: SA11AI.42751 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 2018 City Zip Code State Transaction ID: SA11AI.43074 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 06 2018 City State Zip Code Transaction ID: SA11AI.43397 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cardenas, Carlos, , , Date of Receipt Mailing Address 1000 N. Taylor Road 18 2018 City State Zip Code Transaction ID: SA11AI.42752 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road	al) or Full Orga	anization Name	Date of Receipt 05 11 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43075				
	mcallen FEC ID number of contributing	TX	78501	Amount of Each Receipt this Period				
	federal political committee.	C		400.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00					
В.	Full Name of Individual (Last, First, Middle Initial Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road							
	City	State	Zip Code	06 22 2018				
	mcallen	TX	78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) sian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial Carreras, Jose, , ,	Date of Receipt						
	Mailing Address 1016 E. Griffin Parkway	04 18 2018						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.42753 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00					
H	SUBTOTAL of Receipts This Page (optional)			1200.00				

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	Statements may not be sold or used by any pe he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission	State Zip Code TX 78572	Date of Receipt M				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼	400.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle I Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 106 22 2018 Transaction ID: SA11Al.43399 Amount of Each Receipt this Period 400.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle I Castaneda, Marissa, , , Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)	State Zip Code TX Zip Code TX 78539 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID: SA11Al.43077 Amount of Each Receipt this Period 50.00 Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	>	850.00				
TOTAL This Period (last page this line number	er only)					

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	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Castaneda, Marissa, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 5021 Elk Lane			06 22 2018
	City	State	Zip Code	Transaction ID : SA11AI.43400
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employed	private	investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
В.	Full Name of Individual (Last, First, Middle Initia Castrillon, Augusto, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 223 Rio Grande Drive			04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42755
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼	,	1000.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Castrillon, Augusto, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 223 Rio Grande Drive			05 11 2018
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43078
		17.	10012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate Ye		1
	Primary General	133.13.11	 	
	Other (specify)		1250.00	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or		<u> </u>	550.00

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General	Date of Receipt M M C 22 2018 Transaction ID: SA11AI.43401 Amount of Each Receipt this Period 250.00 Memo Item contribution	
Other (specify) ▼ Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	
Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee.	Date of Receipt M M / 18 2018 Transaction ID: SA11Al.42757 Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)		Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	450.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may in e name and addr	not be sold or used by any per ress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite 7		anization Name	Date of Receipt
O't.	0	7:0	06 22 2018
City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.43403
		,	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00	
Name of Employer (for Individual)		ation (for Individual)	Memo Item
self-employee	physici	an	contribution
Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 600.00		
Full Name of Individual (Last, First, Middle In	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2301 Solera Drive		77.0	04 18 2018
City	State TX	Zip Code 78572	Transaction ID : SA11AI.42758
mission	1/	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individual) self-employee	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle In Cooper-Dockery, Donna, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2301 Solera Drive			05 11 2018
City	State	Zip Code	Transaction ID : SA11AI.43081
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employee	physicia		contribution
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify)	-	625.00	
SUBTOTAL of Receipts This Page (optional)		>	350.00
TOTAL This Period (last page this line number	only)		

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Cooper-Dockery, Donna, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 2301 Solera Drive		_	06 22 2018
	City	State	Zip Code	Transaction ID : SA11AI.43404
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	self-employee	physi	cian	contribution
	Receipt For:			
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify) ▼		750.00	
R	Full Name of Individual (Last, First, Middle Initial Cortez, Oscar, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
٥.				<u> </u>
	Mailing Address 4101 South Burns Drive			04 18 2018
	City	Ctoto	Zin Codo	04 18 2010
	City	State	Zip Code	Transaction ID : SA11AI.42760
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Self employed	Occu phys	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Orç	ganization Name	Data of Davids
C.	Cortez, Oscar, , Dr.,			Date of Receipt
	Mailing Address 4101 South Burns Drive City	State	Zip Code	05 11 2018 Transaction ID : SA11AI.43083
	McAllen	TX	78503	
			1,000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	Self employed	physic	cian	contribution
	Receipt For:	1		†
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify)		500.00	
s	SUBTOTAL of Receipts This Page (optional)		>	325.00
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Any information copied from such Reports and S	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 22 2018 Transaction ID : SA11Al.43406
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate Lane		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42761
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate Lane		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43084
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	700.00	
SUBTOTAL of Receipts This Page (optional)	•	200.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	and Statements may n ng the name and addre	not be sold or used by any pess of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name of Individual (Last, First, Midd Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	lle Initial) or Full Orgai	nization Name	Date of Receipt
Mailing Address 1400 Northgate Lane			06 22 2018
City	State	Zip Code	Transaction ID : SA11AI.43407
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
self-employed	physicia		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Midd Cortinas, Guillermo, , ,	lle Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 1224 Northgate Lane			05 11 2018
City	State	Zip Code	Transaction ID : SA11AI.43085
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00		
Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	250.00	
Full Name of Individual (Last, First, Midd C. Cortinas, Guillermo, , ,	lle Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1224 Northgate Lane			06 22 2018
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
self-employed	physicia	ın	contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options TOTAL This Period (last page this line pur			150.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , , Mailing Address 1400 Northgate	al) or Full Orga	anization Name	Date of Receipt 04 18 2018						
	City	State	Zip Code	Transaction ID : SA11AI.42763						
	mcallen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00							
В.	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , , Mailing Address 1400 Northgate	Date of Receipt								
		05 11 2018								
	City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.43086						
	FEC ID number of contributing federal political committee.	C	10004	Amount of Each Receipt this Period 250.00						
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual)	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1250.00							
С .	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1400 Northgate			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43409 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1500.00							
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	750.00						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43087
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual) physician	Memo Item
selfemployed	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird	06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.43410
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle). Darling, James, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1225 E Peking		04 18 2018
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.42765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line nun	nber only)	

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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Darling, James, , , Mailing Address 1225 E Peking) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1225 E Peking			05 11 2018				
	City	State Zip Code		Transaction ID : SA11AI.43088				
-	mcallen	TX	78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
Ī	Name of Employer (for Individual)	tion (for Individual)	Memo Item					
_	selfemployed	private	investor	contribution				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 550.00					
	Cuter (speeny) ¥	<u> </u>	300.00					
3.	Full Name of Individual (Last, First, Middle Initial Darling, James, , ,) or Full Orga	nization Name	Date of Receipt				
_	Mailing Address 1225 E Peking	06 22 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43411				
-	mcallen	1/	78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) selfemployed		tion (for Individual) investor	Memo Item contribution				
Ī		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼	4	600.00					
— :	Full Name of Individual (Last, First, Middle Initial, Deanda, David, , ,) or Full Orga	nization Name	Date of Receipt				
Ī	Mailing Address 2408 Dorado			04 18 2018				
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.42766				
-				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer (for Individual) self-employed	Occupa private i	tion (for Individual) investor	Memo Item contribution				
Ī	Receipt For:	Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify)		1000.00					
SL	JBTOTAL of Receipts This Page (optional)			350.00				
тс	OTAL This Period (last page this line number onl	ly)						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Deanda, David, , , Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General	State Zip Code TX 78574 C Occupation (for Individual) private investor Aggregate Year-to-Date 1250.00	Date of Receipt 05
Full Name of Individual (Last, First, Middle In Deanda, David, , , Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	7 7 7	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.43412 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt 04 18 2018 Transaction ID: SA11AI.42770 Amount of Each Receipt this Period 200.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Desai, Parul, , Dr., Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M 04
SUBTOTAL of Receipts This Page (optional).	>	500.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Desai, Parul, , Dr., Date of Receipt Mailing Address 7004 North 1st 2018 City Zip Code State Transaction ID: SA11AI.43095 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Desai, Parul, , Dr., Date of Receipt Mailing Address 7004 North 1st 06 2018 City State Zip Code Transaction ID: SA11AI.43417 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Desai, Satish, D., Dr., Date of Receipt Mailing Address 7004 North 1st 11 2018 City State Zip Code Transaction ID: SA11AI.43096 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi-Desai, Satish, D., Dr.,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 7004 North 1st			06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.43418				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	selfemployed	physi	. , ,	contribution				
	Receipt For:	1. ,		Oomingation				
	Primary General	Aggregate \	Year-to-Date ▼					
	Other (specify) ▼		300.00					
В.	Full Name of Individual (Last, First, Middle Initi- Disque, Laura, , Ms,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 2020 Anacua Circle	06 22 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43419				
	Edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) self-employed		pation (for Individual) ite investor	Memo Item contribution				
	Receipt For:	Aggregate \	Year-to-Date ▼					
	Primary General Other (specify) ▼		, 225.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Duran, Alberto, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 1615 Palazzo			04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42775				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	selfemployed	physi	'	contribution				
	Receipt For:	1		-				
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		1600.00					
S	SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	475.00				
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.43099 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) This is the first of the self-self of the self-self of the self-self-self-self-self-self-self-self-	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Esparza, Antonio, , , Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	1200.00
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not he name and address	be sold or used by any per of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle Esparza, Antonio, , , Mailing Address 136 W. Yucca	Initial) or Full Organiza	ation Name	Date of Receipt
City	State Zi	p Code	05 11 2018
mcallent		78504	Transaction ID : SA11AI.43100
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	(for Individual)	Memo Item contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle Esparza, Antonio, , , Mailing Address 136 W. Yucca	Initial) or Full Organiza	ation Name	Date of Receipt 06 22 2018
City mcallent		p Code 78504	Transaction ID : SA11AI.43422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occupation physician	n (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 2400.00	
Full Name of Individual (Last, First, Middle Falcon, Antonio, , ,	Initial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 2768 Pharmacy Road			04 18 2018
City rio grande city		p Code 78582	Transaction ID : SA11AI.42778
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupation physician	(for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to	D-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		>	900.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road		Date of Receipt 05 11 2018			
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.43102			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	contribution			
Full Name of Individual (Last, First, Middle Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road	Initial) or Full Organization Name	Date of Receipt 06 22 2018			
City	State Zip Code	Transaction ID : SA11AI.43424			
rio grande city	TX 78582	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	, and the second				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 2212 Westway		04 18 2018			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.42779			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional)) >	450.00			
TOTAL This Period (last page this line numb	per only)	70 1 20 1 20			

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Falcon, Maria Elena, , , Mailing Address 2212 Westway	al) or Full Org	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.43103					
	mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 250.00					
	Name of Employer (for Individual)		ation (for Individual)	Memo Item					
	self-employed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution					
В.	Full Name of Individual (Last, First, Middle Initial Falcon, Maria Elena, , , Mailing Address 2212 Westway	al) or Full Org	anization Name	Date of Receipt 06 22 2018					
	City	State	Zip Code	التنتيا لينا لتنا					
	mcallen	TX	78504	Transaction ID : SA11AI.43425 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) cian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1500,00						
С .	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr.,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 110 E. Savannah #101			04 18 2018					
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.42780 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1000.00						
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC							
Α.	Full Name of Individual (Last, First, Middle Initia Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101	l) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	05 11 2018 Transaction ID : SA11AI.43104					
	McAllen	TX	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1250.00						
В.	Full Name of Individual (Last, First, Middle Initia Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101	l) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	06 22 2018					
	McAllen	TX	78503	Transaction ID: SA11AI.43426 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	70000	250.00					
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1500.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initia	l) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 320 Primrose			04 18 2018					
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.42781 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) an	Memo Item contribution					
	Receipt For:	Aggregate Ye	ar-to-Date ▼						
	Primary General Other (specify)	-	1000.00						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			750.00					

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 2018 City Zip Code State Transaction ID: SA11AI.43105 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 06 2018 City State Zip Code Transaction ID: SA11AI.43427 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Franklin, Raymond, , Mr., Date of Receipt Mailing Address 3212 Nightingale Court 11 2018 City State Zip Code Transaction ID: SA11AI.43108 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	ports and Statements may not be sold or used by any person using the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEE	DERAL PAC	
Franklin, Raymond, , Mr.,	t, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3212 Nightingale (Court	06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43430
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia	t, Middle Initial) or Full Organization Name	Date of Receipt
Maining Address 5936 N. Cyfillia		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42785
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name of Individual (Last, First Calindo, Eugenio, , ,	t, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5936 N. Cynthia		05 11 2018
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.43109
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this lin	ne number only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Galindo, Eugenio, , , Date of Receipt Mailing Address 5936 N. Cynthia 2018 City Zip Code State Transaction ID: SA11AI.43431 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Elvin, , , Date of Receipt Mailing Address 2800 Santa Teresa 04 18 2018 City State Zip Code Transaction ID: SA11AI.42786 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garcia, Elvin, , , Date of Receipt Mailing Address 2800 Santa Teresa 11 2018 City State Zip Code Transaction ID: SA11AI.43110 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be he name and address of	e sold or used by any person any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Garcia, Elvin, , , Mailing Address 2800 Santa Teresa	Initial) or Full Organizati	on Name	Date of Receipt			
City	State 7:-	Codo	06 22 2018			
City mission		Code 8572	Transaction ID : SA11AI.43432			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed Receipt For:	(for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-l	Date ▼ 2400.00				
Full Name of Individual (Last, First, Middle I Garcia, Hiram, , , Mailing Address 2712 E Mile 5 Road	Initial) or Full Organizati	on Name	Date of Receipt			
City Mission	'	Code 5574	Transaction ID : SA11Al.42787 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Ÿ					
Name of Employer (for Individual) selfemployed	Occupation (physician	(for Individual)	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 1000.00				
Full Name of Individual (Last, First, Middle I	Initial) or Full Organizati	on Name	Date of Receipt			
Mailing Address 2712 E Mile 5 Road	Otet -	Codo	05 11 2018			
City Mission	1 '	Code 574	Transaction ID : SA11AI.43111			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
Name of Employer (for Individual) selfemployed	Occupation ((for Individual)	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-I	Date ▼ 1250.00				
SUBTOTAL of Receipts This Page (optional)		>	900.00			
TOTAL This Period (last page this line number	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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	s and Statements may not be sold or used by any per sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mid Garcia, Hiram, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2712 E Mile 5 Road		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43433
Mission	TX 78574	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1500.00	
Full Name of Individual (Last, First, Mid Garcia, Oscar, , Dr.,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1717 Palazzo		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42789
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1600.00	
Full Name of Individual (Last, First, Mic. Garcia, Oscar, , Dr.,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1717 Palazzo		05 11 2018
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.43113 Amount of Each Receipt this Period
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	2000.00	
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SUBTOTAL of Receipts This Page (option	onal)	1050.00
TOTAL This Period (last page this line n	umber only)	

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
١.	Full Name of Individual (Last, First, Middle Initial Garcia, Oscar, , Dr.,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 1717 Palazzo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.43435
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	self-employed	physicia	an	contribution
	December Ferm	Aggregate Yea	ar-to-Date ▼	
	Primary General	7.99.094.0 10.		
	Other (specify) ▼		2400.00	
3.	Full Name of Individual (Last, First, Middle Initial Garcia, Ricardo, , Dr.,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 6108 North 5th Street			M M / D D / Y Y Y Y
				04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42791
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Garcia, Ricardo, , Dr.,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 6108 North 5th Street			05 11 2018
	City	State	Zip Code	Transaction ID : SA11AI.43115
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	000000	tion (for Individual)	Memo Item
	Name of Employer (for Individual) self-employed	physicia	tion (for Individual)	contribution
	Possint For:	1		
	Primary General	Aggregate Yea	ar-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)		>	600.00
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Any information copied from such Reports and State or for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC		
Full Name of Individual (Last, First, Middle Initi Garcia, Ricardo, , Dr., Mailing Address 6108 North 5th Street	al) or Full Orga	anization Name	Date of Receipt
01.	- C: :		06 22 2018
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.43437
	1//	7 0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physici	ian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle Initi Garcia, Samuel, , Dr., Mailing Address 137 E. Guardenia	al) or Full Orga	anization Name	Date of Receipt
		T=. 2 :	04 18 2018
City	State	Zip Code	Transaction ID : SA11AI.42792
McAllen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	anization Name	Date of Receipt
Mailing Address 137 E. Guardenia			05 / 11 / 2018
City	State	Zip Code	Transaction ID : SA11AI.43116
McAllen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physicia	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			300.00
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Garcia, Samuel, , Dr., Mailing Address 137 E. Guardenia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 06 22 2018 Transaction ID: SA11AI.43438 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional)	>	900.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240	al) or Full Orga	anization Name	Date of Receipt 06 22 2018
	City	State	Zip Code	Transaction ID : SA11AI.43440
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	400.00		
	Name of Employer (for Individual) selfemployed	Memo Item contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00	
В.	Full Name of Individual (Last, First, Middle Initia Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	04 18 2018
	Edinburg	TX	78539	Transaction ID : SA11AI.42797 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00	
С .	Full Name of Individual (Last, First, Middle Initia Garza, James, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2821 Lakeshore Drive			05 11 2018
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.43121 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		2000.00	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	1200.00

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Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Full Name of Individual (Last, First, Middle Ini Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive	itial) or Full Organization Name	Date of Receipt					
City	06 22 2018						
City Edinburg	Transaction ID : SA11AI.43444						
	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	Primary General						
Full Name of Individual (Last, First, Middle Ini Garza, Martin, , Dr.,	Date of Receipt						
Mailing Address P.O. Box 180		05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.43122					
Linn	TX 78563	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 180		06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43445					
Linn	TX 78563	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General		¬ l					
Other (specify)	300.00						
SUBTOTAL of Receipts This Page (optional)		500.00					
TOTAL This Period (last page this line number	only)						

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Garza, Rene, , , Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) private investor Aggregate Year-to-Date 1600.00	Date of Receipt M M M / 18 2018 Transaction ID: SA11AI.42799 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Garza, Rene, , , Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Self-Name of Individual (Last, First, Middle III)	State Zip Code 78504 C Occupation (for Individual) private investor Aggregate Year-to-Date 2000.00	Date of Receipt 11 2018 Transaction ID: SA11AL43123 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Garza, Rene, , , Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C	Date of Receipt M M M / 22 2018 Transaction ID: SA11Al.43446 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78501 ID number of contributing al political committee. To of Employer (for Individual) Occupation (for Individual)						
self-employed Receipt For: Primary General Other (specify) ▼	olf-employed physician eceipt For: Primary General physician Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle I Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia City McAllen	State Zip Code TX 78501	Date of Receipt Date of Receipt					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 100.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle In Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt Mo6 22 2018 Transaction ID : SA11AI.43448 Amount of Each Receipt this Period 100.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	>	300.00					
TOTAL This Period (last page this line number	er only)						

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC FUIII 3A)		FOR LINE NUMBER: PAGE 67 OF 220						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name							

Full Name of Individual (Last, First, Middle Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee.	State TX		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City mcallen FEC ID number of contributing								
mcallen FEC ID number of contributing			00 20.0					
FEC ID number of contributing	TY	Zip Code	Transaction ID : SA11AI.42802					
•	1/	78503	Amount of Each Receipt this Period					
•	C		400.00					
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
selfemployed	physi	ician	contribution					
Receipt For:		Year-to-Date ▼						
Primary General	Aggregate	real-to-Date +	_					
Other (specify) ▼		1600.00]					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gelman, Lawrence, , ,							
Mailing Address 3900 Sundown Drive			Date of Receipt 05 11 2018					
City	State	Zip Code	Transaction ID : SA11AI.43126					
mcallen	TX	78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	400.00							
Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution					
Receipt For:	Aggregate \	Year-to-Date ▼						
Primary General Other (specify) ▼	33 13 11	2000.00]					
Full Name of Individual (Last, First, Middle Gelman, Lawrence, , ,	Initial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 3900 Sundown Drive			M M / D D / Y Y Y Y					
5 5500 Sundown Drive			06 22 2018					
City	State	Zip Code	Transaction ID : SA11AI.43449					
mcallen	TX	78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual)		pation (for Individual)	Memo Item					
selfemployed	physic	cian	contribution					
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Other (specify)		2400.00	1					
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	I Statements may not be sold or used by any pers the name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle Gillett, Richard, , Dr., Mailing Address 54 South 10th	Initial) or Full Organization Name	Date of Receipt					
City	State Zip Code	04 18 2018 Transaction ID : SA11AI.42804					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employee	physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle Gillett, Richard, , Dr., Mailing Address 54 South 10th	Initial) or Full Organization Name	Date of Receipt					
City	State Zip Code	05 11 2018					
City McAllen	Transaction ID : SA11AI.43127						
FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name of Individual (Last, First, Middle Gillett, Richard, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 54 South 10th		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43452 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General	Receipt For: Aggregate Year-to-Date ▼						
Other (specify)	600.00						
SUBTOTAL of Receipts This Page (optional).	>	300.00					
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.42805						
	mcallen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) selfemployed	selfemployed physician								
	Receipt For: Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo	Date of Receipt								
		05 11 2018								
	City	Transaction ID : SA11AI.43128								
	mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 100.00						
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500,00							
С .	Full Name of Individual (Last, First, Middle Initial Giraldo, Alvaro, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 106 W. Flamingo			06 / 22 / 2018						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43453 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 600.00							
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or a	used by any pe	rson fo	or the p	ourpose of tributions	of soliciting from such	contributi	ons e.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC											
Full Name of Individual (Last, First, Middle Ir Gomez, Felipe, , Dr.,	Name of Individual (Last, First, Middle Initial) or Full Organization Name mez, Felipe, , Dr.,					Date of Receipt						
Mailing Address 2401 SE Augusta Square						05 11 2018						
City	State	State Zip Code TX 78503			Transaction ID : SA11AI.43129							
McAllen	17				Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	С				50.00						
Name of Employer (for Individual)	Occi	Occupation (for Individual)			Memo Item							
self-employed	phys	sician		cor	contribution							
Receipt For:	ceipt For: Aggregate Ye											
Primary General												
Other (specify) ▼		250.00										
Full Name of Individual (Last, First, Middle In	nitial) or Full O	rganization Name										
Gomez, Felipe, , Dr.,				_ D	ate of	Receipt						
	Mailing Address 2401 SE Augusta Square						06 22 2018					
City	State	Zip Code		-	Transa	ction ID	: SA11Al.	43454				
McAllen	TX	78503		A	mount	of Each	Receipt th	is Period				
FEC ID number of contributing federal political committee.	C			50.00								
Name of Employer (for Individual)	cupation (for Individual)			Memo Item								
self-employed	phy	sician		contribution								
Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
Primary General												
Other (specify) ▼		<u> </u>	300.00									
Full Name of Individual (Last, First, Middle In Gomez, Juan Pablo, , Dr.,	nitial) or Full O	rganization Name		D	ate of	Receipt						
Mailing Address 113 Canary						04 18 2018						
City	State	Zip Code			Transa	action ID	: SA11AI.	42807				
McAllen	TX	78504		A	mount	of Each	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					,		200.0	0			
Name of Employer (for Individual) Occupation (for Individual)						mo Item						
self-employed		sician	•	coi	ntributi	on						
Receipt For:	Aggregate Year-to-Date ▼											
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Other (specify)		7 7	800.00									
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 2018 City Zip Code State Transaction ID: SA11AI.43130 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 06 2018 City State Zip Code Transaction ID: SA11AI.43455 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gomez, Marco, , Mr., Date of Receipt Mailing Address 2705 Biltmore 22 2018 City State Zip Code Transaction ID: SA11AI.43456 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 435.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Gonzalez, Alfredo, , , Mailing Address 2305 Monaco Drive	al) or Full Orga	anization Name	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
	City	State	Zip Code 78574	Transaction ID : SA11AI.43137					
	mission	TX	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00						
В.	Full Name of Individual (Last, First, Middle Initial Gonzalez, Alfredo, , , Mailing Address 2305 Monaco Drive	Date of Receipt							
	Walling Address 2305 Monaco Drive			06 22 2018					
	City	State	Zip Code	Transaction ID : SA11AI.43461					
	mission FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period 50.00					
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300,00						
С .	Full Name of Individual (Last, First, Middle Initial Gonzalez, Jaime, , ,	Date of Receipt							
	Mailing Address 3511 Plazas del Lago	04 18 2018							
	City edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.42814 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	ation (for Individual) investor	Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)								
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u>^</u>	500.00					

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Jaime, , , Date of Receipt Mailing Address 3511 Plazas del Lago 2018 City State Zip Code Transaction ID: SA11AI.43138 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Jaime, , , Date of Receipt Mailing Address 3511 Plazas del Lago 06 2018 City State Zip Code Transaction ID: SA11AI.43462 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Mark, , Dr., Date of Receipt Mailing Address 2405 Dorado Drive 11 2018 City State Zip Code Transaction ID: SA11AI.43139 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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220 74 OF Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Mark, , Dr., Date of Receipt Mailing Address 2405 Dorado Drive 2018 City Zip Code State Transaction ID: SA11AI.43463 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 04 18 2018 City State Zip Code Transaction ID: SA11AI.42816 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gordon, Verley, , , Date of Receipt

Mailing Address 1700 E. Mile 3 Road 11 2018 City State Zip Code Transaction ID: SA11AI.43140 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 550.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 2018 City State Zip Code Transaction ID: SA11AI.43464 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griego, Enrique, , , Date of Receipt Mailing Address 905 Inspiratin Drive 04 18 2018 City State Zip Code Transaction ID: SA11AI.42817 TX pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Griego, Enrique, , , Date of Receipt Mailing Address 905 Inspiratin Drive 11 2018 City State Zip Code Transaction ID: SA11AI.43141 TX pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griego, Enrique, , , Date of Receipt Mailing Address 905 Inspiratin Drive 2018 City State Zip Code Transaction ID: SA11AI.43465 TX pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 05 2018 City State Zip Code Transaction ID: SA11AI.43142 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 22 2018 City State Zip Code Transaction ID: SA11AI.43466 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name of Individual (Last, First, Middle Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	ame	Date of Receipt 04 18 2018							
City	State Zip Code	9	Transaction ID : SA11AI.42820						
edinburg	TX 78541		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	y and the second								
Name of Employer (for Individual) selfemployed	Occupation (for In	·	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	1000.00								
Full Name of Individual (Last, First, Middle Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	Initial) or Full Organization N	ame	Date of Receipt						
City edinburg	9	Transaction ID : SA11Al.43144 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	TX 78541		250.00						
Name of Employer (for Individual) selfemployed	Occupation (for Ir physician	·	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1250.00							
Full Name of Individual (Last, First, Middle Guerra, Marcy, , ,	Initial) or Full Organization N	ame	Date of Receipt						
Mailing Address 13337 Borolo Drive	State Zin Code		06 22 2018						
City edinburg	State Zip Code 78541	<u> </u>	Transaction ID : SA11AI.43468						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) selfemployed	Occupation (for Ir physician	′	Memo Item contribution						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1500.00							
SUBTOTAL of Receipts This Page (optional)		>	750.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name of Individual (Last, First, Middle Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin	Initial) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City edinburg									
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 250.00								
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution								
Full Name of Individual (Last, First, Middle B. Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin	Initial) or Full Org	anization Name	Date of Receipt						
City edinburg	7 Transaction ID : SA11Al.43146 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) selfemployed	Occup physic	oation (for Individual)	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1250.00							
Full Name of Individual (Last, First, Middle C. Gutierrez, Alberto, , ,	Initial) or Full Org	anization Name	Date of Receipt						
Mailing Address 6020 Wisconsin			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City edinburg	State TX	Zip Code 78539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) selfemployed Receipt For: Primary General	physic	ation (for Individual) ian ear-to-Date ▼	Memo Item contribution						
Other (specify)		1500.00							
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC				
Α.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Marco, , , Mailing Address 511 N. Depot Road	al) or Full Org	anization Name	Date of Receipt		
	City	State	Zip Code 78541	04 18 2018 Transaction ID : SA11AI.42823		
	edinburg FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00				
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Memo Item contribution				
	Other (specify) ▼		1600.00			
В.	Full Name of Individual (Last, First, Middle Initial Gutierrez, Marco, , , Mailing Address 511 N. Depot Road	Date of Receipt Date of Receipt				
	City	Transaction ID : SA11AI.43147				
	FEC ID number of contributing federal political committee.	ТХ	Amount of Each Receipt this Period 400.00			
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cian	Memo Item contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gutierrez, Marco, , ,	al) or Full Orga	anization Name	Date of Receipt		
	Mailing Address 511 N. Depot Road			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.43471 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution		
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2400.00			
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	1200.00		

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	ts and Statements may not be sold or used by any persusing the name and address of any political committee t						
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDE	RAL PAC						
Full Name of Individual (Last, First, M Gutierrez, Miguel, , , Mailing Address 224 Lindberg	fiddle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 224 Lindberg		04 18 2018					
City	State Zip Code	Transaction ID : SA11AI.42824					
mcallen	TX 78501	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, M Gutierrez, Miguel, , , Mailing Address 224 Lindberg	fiddle Initial) or Full Organization Name	Date of Receipt					
		05 11 2018					
City	Transaction ID : SA11AI.43148						
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00						
Full Name of Individual (Last, First, M. Gutierrez, Miguel, , ,	fiddle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 224 Lindberg		06 / 22 / 2018					
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.43472					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00					
Name of Employer (for Individual) selfemployed	Memo Item contribution						
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1500.00						
SUBTOTAL of Receipts This Page (opt	ional)	750.00					
TOTAL This Period (last page this line	number only)						

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	y information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Guzman, Edwardo, , Dr., Mailing Address 2308 Highway 83 suite f	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Penitas	State TX	Zip Code 78573	Transaction ID : SA11AI.43150 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) self-employee Receipt For:	Memo Item contribution		
	Primary General Other (specify) ▼	7	250.00	
В.	Full Name of Individual (Last, First, Middle Initia Guzman, Edwardo, , Dr., Mailing Address 2308 Highway 83 suite f	al) or Full Orga	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID : SA11AI.43474		
	Penitas FEC ID number of contributing federal political committee.	ТХ	Amount of Each Receipt this Period 50.00	
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
С .	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 4008 Burns Drive South			04 18 2018
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.42827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1600.00	
s	UBTOTAL of Receipts This Page (optional)		• • • • • • • • • • • • • • • • • • •	500.00
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Date of Receipt Mark	
Full Name of Individual (Last, First, Middle In Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M / 22 2018 Transaction ID: SA11AL43476 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Helbing, Robert, , , Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	r only)	

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				on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) DER HEALTH FEDERAL PA	/C		
A. Helbir	me of Individual (Last, First, Middle Initial ng, Robert, , , Address 820 Tamarack) or Full Orga	nization Name	Date of Receipt
iviaiiiig	Address 820 ramarack			06 22 2018
City		Zip Code	Transaction ID : SA11AI.43477	
mcaller	n 	TX	78501	Amount of Each Receipt this Period
	number of contributing political committee.		50.00	
Name o	of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-em		private	investor	contribution
	t For: drimary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
	me of Individual (Last, First, Middle Initial andez, Ambrosio, , ,) or Full Orga	nization Name	Date of Receipt
	Address 2000 Dana			04 18 2018
City		State	Zip Code	Transaction ID : SA11AI.42833
Pharr		TX	78577	Amount of Each Receipt this Period
	number of contributing political committee.	С		400.00
selfemp	·	Occupa physicia	tion (for Individual) an	Memo Item contribution
	t For: rimary	Aggregate Yea	ar-to-Date ▼ 1600.00	
	me of Individual (Last, First, Middle Initial) or Full Orga	nization Name	Date of Receipt
	Address 2000 Dana			05 11 2018
City Pharr		State TX	Zip Code 78577	Transaction ID : SA11AI.43155
FEC ID	number of contributing political committee.	C		Amount of Each Receipt this Period 400.00
Name of selfemp	of Employer (for Individual) bloyed	Occupa: physicia	tion (for Individual) an	Memo Item contribution
	t For: rimary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2000.00	
SUBTOTA	AL of Receipts This Page (optional)			850.00
TOTAL T	his Period (last page this line number on	ly)		

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .		
١.	Full Name of Individual (Last, First, Middle Initial Hernandez, Ambrosio, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 2000 Dana			06 22 2018
	City	State	Zip Code	Transaction ID : SA11AI.43480
	Pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	selfemployed	physicia	an	contribution
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General	7.99.094.0 10.	ar to Bate	
	Other (specify) ▼		2400.00	
3.	Full Name of Individual (Last, First, Middle Initial Hernandez, Maximiliano, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 301 Byron Nelson Drive			M = M / D = D / Y = Y = Y
	#40 Villas Jardin	1		04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42835
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual)	Memo Item contribution
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name of Individual (Last, First, Middle Initial Hernandez, Maximiliano, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin			05 / 11 / 2018
	City	State	Zip Code	Transaction ID : SA11AI.43157
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	selfemployed	physicia	` ,	contribution
	Possint For:	Aggregate Yea		
	Primary General	55. 554.0 101		
	Other (specify)		1250.00	
S	UBTOTAL of Receipts This Page (optional)			900.00
T	OTAL This Period (last page this line number on	ly)		

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	MMITTEE (In Full) HEALTH FEDERAL P	'AC			
. Hernandez,	ndividual (Last, First, Middle Initi Maximiliano, , , ss 301 Byron Nelson Drive	al) or Full Org	panization Name		D D / Y Y Y Y Y
	#40 Villas Jardin		1	06	22 2018
City		State	Zip Code	Transaction	ID : SA11AI.43482
mcallen		TX	78503	Amount of Ea	ch Receipt this Period
FEC ID numb federal politica	er of contributing I committee.	С			250.00
Name of Emp	oyer (for Individual)	Occup	ation (for Individual)	Memo Ite	em
selfemployed		physic	cian	contribution	
Receipt For:		1	ear-to-Date ▼		
Primary	General pecify) ▼	Aggregate 1	1500.00		
			4 4		
B. Hoffman, M		al) or Full Org	anization Name	Date of Rece	<u> </u>
Mailing Addres	88 802 Inspiration Road				19 2019
City		State	Zip Code	04	18 2018
		TX	'		ID : SA11AI.42836
pharr		1/	78577	Amount of Ea	ch Receipt this Period
FEC ID numb federal politica	er of contributing I committee.	С			250.00
Name of Emp selfemployed	loyer (for Individual)	Occup physic	oation (for Individual) cian	Memo Ito	em
Receipt For: Primary Other (s	General pecify) ▼	Aggregate Y	ear-to-Date ▼ 1000.00		
Full Name of Hoffman,	ndividual (Last, First, Middle Initi Maria, , ,	al) or Full Org	anization Name	Date of Rece	ipt
Mailing Addres	8 802 Inspiration Road			05 / O5	11 2018
City		State	Zip Code	Transaction	ID : SA11AI.43158
pharr		TX	78577	Amount of Ea	ch Receipt this Period
FEC ID numb federal politica	er of contributing I committee.	С			250.00
selfemployed	oyer (for Individual)	Occup	pation (for Individual)	Memo It	em
Receipt For:		Aggregate Y	ear-to-Date ▼		
Primary Other (s	General pecify)	30 10 11	1250.00		
SUBTOTAL of F	Receipts This Page (optional)				750.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may no he name and addre	ot be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle I Hoffman, Maria, , , Mailing Address 802 Inspiration Road	nitial) or Full Orgar	nization Name	Date of Receipt		
City	Ctata	Zin Codo	06 22 2018		
City pharr	State	Zip Code 78577	Transaction ID : SA11AI.43483 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	FEC ID number of contributing				
Name of Employer (for Individual) selfemployed	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1500.00			
Full Name of Individual (Last, First, Middle I Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia	nitial) or Full Orgar	nization Name	Date of Receipt		
City	State	Zip Code	05 11 2018 Transaction ID : SA11AL43159		
McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) self-employee	Occupat physicia	tion (for Individual) an	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle I. Honrubia, Dynio, , Dr.,	nitial) or Full Orgar	nization Name	Date of Receipt		
Mailing Address 5600 North Cynthia			06 22 2018		
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43484		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) self-employee	Occupat physicia	ion (for Individual) n	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)			350.00		
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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Honrubia, Vincent, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42838
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Honrubia, Vincent, , , Mailing Address 204 Rio Grande	e Initial) or Full Organization Name	Date of Receipt
		05 11 2018
City	State Zip Code TX 78572	Transaction ID : SA11Al.43160
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle C. Honrubia, Vincent, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.43485
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00	
SUBTOTAL of Receipts This Page (optional	1)	1200.00
TOTAL This Period (last page this line num	ber only)	

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr., Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr., Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr., Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt 06
SUBTOTAL of Receipts This Page (optional).	>	300.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr., Mailing Address 712 S. Cage	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42840						
	Pharr	TX	78577	_ Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00							
В.	Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr., Mailing Address 712 S. Cage	Date of Receipt								
		05 11 2018								
	City Pharr	State	Zip Code 78577	Transaction ID : SA11AI.43162						
	FEC ID number of contributing federal political committee.	C	10011	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General								
<u> </u>	Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 712 S. Cage			06 22 2018						
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.43487 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2400.00							
H	SUBTOTAL of Receipts This Page (optional)			1200.00						

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX T8503 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt 18 2018 Transaction ID: SA11AI.42841 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle I	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt 05 11 2018 Transaction ID: SA11Al.43163 Amount of Each Receipt this Period 400.00 Memo Item contribution
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt M M / 22 / 2018 Transaction ID: SA11AI.43488 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Irigoyen, Fructueso, , Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 717 S. 'G' Street		05 11 2018				
City	State Zip Code TX 78504	Transaction ID : SA11AI.43164				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Self employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name of Individual (Last, First, Middle Irigoyen, Fructueso, , Dr.,	Date of Receipt					
Mailing Address 717 S. 'G' Street	06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43489				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle 2. Jain, Dinesk, , Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 6208 N. Cynthia		05 11 2018				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43166				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	50.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:						
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optional).		150.00				
TOTAL This Period (last page this line numb	er only)					

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	and Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Midd Jain, Dinesk, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 6208 N. Cynthia		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43491
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (coogify)	Aggregate Year-to-Date ▼ 300.00	
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Midd 3. Jinenez-Flores, Danielle, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 4212 Lebanon	04 18 2018	
City	State Zip Code	Transaction ID : SA11AI.42845
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Midd J. Jinenez-Flores, Danielle, , Dr.		Date of Receipt
Mailing Address 4212 Lebanon		05 11 2018
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.43167
	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	450.00
TOTAL This Period (last page this line nur	nber only)	

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Any information copied from such Reports and or for commercial purposes, other than using th	Statements may r le name and addr	not be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle Ir Jinenez-Flores, Danielle, , Dr., Mailing Address 4212 Lebanon	nitial) or Full Orga	nization Name	Date of Receipt					
			06 22 2018					
City	State	Zip Code	Transaction ID : SA11AI.43492					
Edinburg	TX	78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		200.00					
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item					
self-employed	physicia	an	contribution					
Receipt For: Primary General	Aggregate Yea							
Other (specify) ▼		1200.00						
Full Name of Individual (Last, First, Middle Ir Jordan, Belinda, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 2621 Trenton								
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AL43168 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) an	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 2621 Trenton			06 22 / 2018					
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.43493 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual)	Memo Item contribution					
Receipt For:	Aggregate Yea		—					
Primary General Other (specify)	riggregate 188	300.00						
SUBTOTAL of Receipts This Page (optional)		>	300.00					
TOTAL This Period (last page this line number	r only)							

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City mcAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 18 2018 Transaction ID: SA11AI.42848 Amount of Each Receipt this Period 250.00 Memo Item contributon
Full Name of Individual (Last, First, Middle In Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City mcAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle In Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City mcAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID: SA11AI.43495 Amount of Each Receipt this Period 250.00 Memo Item contributon
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	only)	

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	and Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Midd Kanhere, Gauri, , , Mailing Address 2548 Palm Circle	le Initial) or Full Organization Name	Date of Receipt				
		04 18 2018				
City	State Zip Code	Transaction ID : SA11AI.42849				
rio grande city	TX 78582	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Midd Kanhere, Gauri, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2548 Palm Circle		05 11 2018				
City	State Zip Code	Transaction ID : SA11AI.43171				
rio grande city	TX 78582	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1250.00					
Full Name of Individual (Last, First, Midd C. Kanhere, Gauri, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2548 Palm Circle		06 22 / 2018				
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.43496				
-	7002	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional	al)	750.00				
TOTAL This Period (last page this line nun	nber only)					

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initi Kaplan, Adolfo, , Dr., Mailing Address 7902 N. 2th Street	al) or Full Org	anization Name	Date of Receipt 04 18 2018			
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.42850 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Memo Item contribution					
В.	Full Name of Individual (Last, First, Middle Initi Kaplan, Adolfo, , Dr., Mailing Address 7902 N. 2th Street	al) or Full Org	anization Name	Date of Receipt 05 11 2018			
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43172 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00				
С .	Full Name of Individual (Last, First, Middle Initi Kaplan, Adolfo, , Dr.,	Date of Receipt					
	Mailing Address 7902 N. 2th Street			06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43497 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution			
	Primary General Other (specify)	eceipt For: Primary General Aggregate Year-to-Date ▼					
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	600.00			

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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Khademi, Kambiz, , Mr., Mailing Address P.O.Box 3422	e Initial) or Full Organization Name	Date of Receipt
City	State 7in Code	06 22 2018
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.43498
FEC ID number of contributing federal political committee.	C 76562	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr., Mailing Address 3435 MacQuarie Drive		Date of Receipt
		05 11 2018
City	State Zip Code	Transaction ID : SA11Al.43174
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle		Date of Receipt
Mailing Address 3435 MacQuarie Drive		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43499
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt O4 18 2018 Transaction ID: SA11AI.42853 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Ir Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) General	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1250.00	Date of Receipt Date of Receipt
Full Name of Individual (Last, First, Middle In Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt 06
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addi	not be sold or used by any poress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Kiker, John, , Mr., Mailing Address 416 N. 17th Street	nitial) or Full Orga	anization Name	Date of Receipt
011		77.0	05 11 2018
City Donna	State	Zip Code 78537	Transaction ID : SA11AI.43176
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution
Primary General Other (specify) ▼	1.53.53.10	250.00	
Full Name of Individual (Last, First, Middle I Kiker, John, , Mr., Mailing Address 416 N. 17th Street	nitial) or Full Orga	nization Name	Date of Receipt
City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.43501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In Klenz, Mary Elizabeth, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 5111 N. 10th Street			04 18 2018
City	State	Zip Code	Transaction ID : SA11AI.42855
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			250.00
TOTAL This Period (last page this line numbe	r only)		

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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Klenz, Mary Elizabeth, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Street		05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.43177
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name of Individual (Last, First, Middle Klenz, Mary Elizabeth, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Street		06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43502
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name of Individual (Last, First, Middle . Kutugata, Jorge, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address Rt 2 Box 522-K		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42856
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual)	Memo Item contribution
Receipt For:	physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional	l)	550.00
TOTAL This Period (last page this line num	ber only)	1 1 40 1 1 40 1 1 40 1

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Address Rt 2 Box 522-K State					
Full Name of Individual (Last, First, Middle I Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) General	Date of Receipt 06 22 2018 Transaction ID: SA11Al.43503 Amount of Each Receipt this Period 250.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle I Leal, Ramiro, , , Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt 05				
SUBTOTAL of Receipts This Page (optional)	>	550.00				
TOTAL This Period (last page this line numbe	r only)					

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leal, Ramiro, , , Date of Receipt Mailing Address 601 Tulip 2018 City Zip Code State Transaction ID: SA11AI.43505 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ledesma, Raul, , Dr., Date of Receipt Mailing Address 5508 N. 1st Street 04 18 2018 City State Zip Code Transaction ID: SA11AI.42859 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ledesma, Raul, , Dr., Date of Receipt Mailing Address 5508 N. 1st Street 11 2018 City State Zip Code Transaction ID: SA11AI.43182 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	'AC						
Α.	Full Name of Individual (Last, First, Middle Initi Ledesma, Raul, , Dr., Mailing Address 5508 N. 1st Street	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43506 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (coccit)	Occupa physic Aggregate Ye		Memo Item contribution				
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial Lema, Rodrigo, , Dr., Mailing Address 124 Canary	al) or Full Orga	45 45	Date of Receipt				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11Al.43183 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	50.00					
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Lema, Rodrigo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 124 Canary City	State	Zip Code	06 22 2018 Transaction ID : SA11AI.43507				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed	physici		Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00					
H	SUBTOTAL of Receipts This Page (optional)			200.00				

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	and Statements may not be sold or used by any per g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Midd Linebarger, Dale, , , Mailing Address 901 West 9th Street	le Initial) or Full Organization Name	Date of Receipt				
#405		04 18 2018				
City	State Zip Code	Transaction ID : SA11AI.42866				
austin	TX 78703	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00					
Full Name of Individual (Last, First, Midd Linebarger, Dale, , , Mailing Address 901 West 9th Street	le Initial) or Full Organization Name	Date of Receipt				
#405		05 11 2018				
City						
austin	TX 78703	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 901 West 9th Street #405	Change Tip Code	06 22 2018				
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.43512 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00					
SUBTOTAL of Receipts This Page (optional	al)	1200.00				
TOTAL This Period (last page this line num	nber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer	al) or Full Orga	anization Name	Date of Receipt 04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42867				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00					
В.	Full Name of Individual (Last, First, Middle Initial Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer	al) or Full Orga	anization Name	Date of Receipt				
	Walling Address 105 E. Yellownammer			05 11 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43189				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) sian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500,00					
С .	Full Name of Individual (Last, First, Middle Initial Linsangan, Linette, , Dr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 105 E. Yellowhammer			06 / 22 / 2018				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43513 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution				
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify)	7	600.00					
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Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

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	Statements may not be sold or used by any pen name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105 E. Yellowhammer City McAllen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 1
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / 22 / 2018 Transaction ID: SA11AI.43517 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
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220 PAGE 107 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 18 2018 City State Zip Code Transaction ID: SA11AI.42873 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 05 2018 City State Zip Code Transaction ID: SA11AI.43195 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 22 2018 City State Zip Code Transaction ID: SA11AI.43519 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M				
Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangi, Salil, , , Mailing Address 3801 Sundown Court East City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selfemployed Receipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M				
SUBTOTAL of Receipts This Page (optional).	>	750.00				
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 04 18 2018 City Zip Code State Transaction ID: SA11AI.42878 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 05 2018 City State Zip Code Transaction ID: SA11AI.43200 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 625.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 22 2018 City State Zip Code Transaction ID: SA11AI.43524 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional).....

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C			
١.	Full Name of Individual (Last, First, Middle Initial Manrique, Carlos, , , Mailing Address 116 Cardinal) or Full Orga	nization Name	Date of Receipt	
	Maining Address 110 Cardinal			04 18 2018	
	City	State	Zip Code	Transaction ID : SA11AI.42879	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		400.00	
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution	
	Descript Fem	Aggregate Yea	ar-to-Date ▼ 1600.00		
3.	Full Name of Individual (Last, First, Middle Initial Manrique, Carlos, , , Mailing Address 116 Cardinal) or Full Orga	nization Name	Date of Receipt	
	Maining Address TTo Cardinal			05 11 2018	
	City	Transaction ID : SA11AI.43201			
-	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ů l			
:	Name of Employer (for Individual) selfemployed	Occupa physici	ition (for Individual) an	Memo Item contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2000.00		
	Full Name of Individual (Last, First, Middle Initial, Manrique, Carlos, , ,) or Full Orga	nization Name	Date of Receipt	
	Mailing Address 116 Cardinal			06 22 2018	
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43525	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00	
	Name of Employer (for Individual) selfemployed	Occupa	tion (for Individual)	Memo Item contribution	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2400.00		
SI	JBTOTAL of Receipts This Page (optional)			1200.00	
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	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.		al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 1702 Trinity Road			04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42880				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	physi	cian	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1600.00					
— В.	Full Name of Individual (Last, First, Middle Initi Marquez, Guillermo, , ,	Date of Receipt						
	Mailing Address 1702 Trinity Road	05 11 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43202				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	400.00					
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) cian	Memo Item contribution				
	Receipt For:	Aggregate Y	'ear-to-Date ▼					
	Primary General Other (specify) ▼		2000.00					
	Full Name of Individual (Last, First, Middle Initi Marquez, Guillermo, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 1702 Trinity Road			06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43526				
			1 1 1 1 1 1 1	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual)		pation (for Individual)	Memo Item contribution				
	selfemployed Receipt For:	physic		Contribution				
	Primary General	Primary General Aggregate real-to-bate *						
	Other (specify)		2400.00					
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.42881						
	mcallen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00							
В.	Full Name of Individual (Last, First, Middle Initial Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane	Date of Receipt								
		05 11 2018								
	City	Zip Code	Transaction ID : SA11AI.43203							
	mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00							
С .	Full Name of Individual (Last, First, Middle Initial Martinez, Agustin, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 7603 N. 2nd Lane			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43527 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2400.00							
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle Ir Martinez, Ricardo, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1903 W. Smith	Mailing Address 1903 W. Smith							
City	State Zip Code	Transaction ID : SA11AI.42882						
edinburg	TX 78539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	gggg							
Other (specify) ▼	1600.00							
Full Name of Individual (Last, First, Middle Ir Martinez, Ricardo, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1903 W. Smith	Mailing Address 1903 W. Smith							
City	State Zip Code	Transaction ID : SA11AI.43204						
edinburg								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00							
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1903 W. Smith		06 22 2018						
City	State Zip Code	Transaction ID : SA11AI.43528						
edinburg	TX 78539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	400.00						
Name of Employer (for Individual) selfemployed								
Receipt For:	Aggregate Year-to-Date ▼	contribution						
Primary General	Aggregate rear-tu-Date ▼							
Other (specify)	2400.00							
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr., Mailing Address 2809 Santa Lydia	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42883						
	Mission	TX	78572	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00							
В.	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr.,	Date of Receipt								
	Mailing Address 2809 Santa Lydia	05 11 2018								
	City Mission	State	Zip Code 78572	Transaction ID : SA11AI.43205						
	FEC ID number of contributing federal political committee.	C	70372	Amount of Each Receipt this Period 100.00						
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Martinez, Robert, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 2809 Santa Lydia			06 / 22 / 2018						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43529 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee	Occupa physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)		600.00							
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Mailin City Missi FEC I federa Name self-e	ID number of contributing al political committee. of Employer (for Individual) mployed	State TX	Zip Code 78572 ion (for Individual)	Date of Receipt M 04
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mata, Nelson, , Dr., Date of Receipt Mailing Address 1705 Palazzo 2018 City Zip Code State Transaction ID: SA11AI.43207 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mata, Nelson, , Dr., Date of Receipt Mailing Address 1705 Palazzo 06 2018 City State Zip Code Transaction ID: SA11AI.43531 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Media, Javier, , Dr., Date of Receipt Mailing Address 3601 Oakwood Lane 11 2018 City State Zip Code Transaction ID: SA11AI.43210 TX Mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional).....

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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Media, Javier, , Dr., Mailing Address 3601 Oakwood Lane	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3601 Oakwood Lane		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43534
Mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Medina, Bertha, , , Mailing Address 1300 1 1/2 Street	e Initial) or Full Organization Name	Date of Receipt
		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42889
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1600.00	
Full Name of Individual (Last, First, Middle . Medina, Bertha, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1300 1 1/2 Street		05 11 2018
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.43211
FEC ID number of contributing	1111	Amount of Each Receipt this Period 400.00
federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2000.00	
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Medina, Bertha, , , Date of Receipt Mailing Address 1300 1 1/2 Street 2018 City Zip Code State Transaction ID: SA11AI.43535 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medina, Camen Martha, , Ms, Date of Receipt Mailing Address 509 E. Yucca 05 2018 City State Zip Code Transaction ID: SA11AI.43212 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Medina, Camen Martha, , Ms, Date of Receipt Mailing Address 509 E. Yucca 22 2018 City State Zip Code Transaction ID: SA11AI.43536 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	ny information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Mego, Carlos, , Dr., Mailing Address 602 McColl Circle	tial) or Full O	rganization Name	Date of Receipt
	City	State	Zin Codo	04 18 2018
	City McAllen	TX	Zip Code 78501	Transaction ID : SA11AI.42891 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	self-employed	phys	sician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00	
В.	Full Name of Individual (Last, First, Middle Init Mego, Carlos, , Dr., Mailing Address 602 McColl Circle	tial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	05 11 2018
	McAllen	TX	78501	Transaction ID : SA11AI.43213 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
<u> </u>	Full Name of Individual (Last, First, Middle Init Mego, Carlos, , Dr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 602 McColl Circle			06 22 2018
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.43537 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	I	upation (for Individual) ician	Memo Item contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		2400.00	
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1200.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road	al) or Full Orga	anization Name	Date of Receipt
	Otto	04-4-	7:- 0 - 1-	04 18 2018
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.42892
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 90.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 360.00	
В.	Full Name of Individual (Last, First, Middle Initial Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	05 11 2018
	McAllen	TX	78504	Transaction ID : SA11AI.43214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 450.00	
С .	Full Name of Individual (Last, First, Middle Initia Mehkri, Imtiaz, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 7120 Ware Road			06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43538 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 540.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			270.00

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Mercado, Manuel, , , Mailing Address 3002 Santa Susana	al) or Full Orga	anization Name	Date of Receipt 04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.42895
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
В.	Full Name of Individual (Last, First, Middle Initial Mercado, Manuel, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3002 Santa Susana City	State	Zip Code	05 11 2018
	mission	TX	78572	Transaction ID : SA11AI.43217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1250.00	
С .	Full Name of Individual (Last, First, Middle Initial Mercado, Manuel, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3002 Santa Susana			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43541 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1500.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	750.00

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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Meyer, Scott, , , Mailing Address 2100 School Lane	e Initial) or Full Organization Name	Date of Receipt
		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43542
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 E. Cornell		04 18 2018
City	State Zip Code	Transaction ID : SA11AI.42897
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 400.00	
Full Name of Individual (Last, First, Middle C. Milano, Emil, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 225 E. Cornell		05 11 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43219
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	l) >	235.00
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Milano, Emil, , Dr., Date of Receipt Mailing Address 225 E. Cornell 2018 City Zip Code State Transaction ID: SA11AI.43543 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohamed, Carlos, N, , Jr. Date of Receipt Mailing Address 2821 Michael Angelo 04 18 2018 City State Zip Code Transaction ID: SA11AI.42899 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Carlos, N., Jr. Date of Receipt Mailing Address 2821 Michael Angelo 11 2018 City State Zip Code Transaction ID: SA11AI.43221 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Mohamed, Carlos, N, , Jr. Mailing Address 2821 Michael Angelo City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) City General	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of Individual (Last, First, Middle Ini Mohamed, Samira, T., Dr., Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City Mailing Address 324 Heron	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Ini Mohamed, Samira, T., Dr., Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC							
Full Name of Individual (Last, First, Middle Mohme, Ruben, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 7309 N. 4th Street			04 18 2018					
City		Zip Code	Transaction ID : SA11AI.42901					
McAllen	McAllen TX 78504							
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item					
self-employed	physicia	n	contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify) ▼		400.00						
Full Name of Individual (Last, First, Middle Mohme, Ruben, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 7309 N. 4th Street			05 11 2018					
City	State	Zip Code	Transaction ID : SA11AI.43223					
McAllen	TX	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) self-employed	Occupati physicia	ion (for Individual) n	Memo Item contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify) ▼		500.00						
Full Name of Individual (Last, First, Middle C. Mohme, Ruben, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 7309 N. 4th Street			06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43547					
	170	70004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) self-employed	Occupati physiciar	on (for Individual) า	Memo Item contribution					
Receipt For:	Aggregate Year							
Primary General Other (specify)	35 5 7 7 7	600.00						
SUBTOTAL of Receipts This Page (optional).	'		300.00					
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	al) or Full Org	anization Name	Date of Receipt					
	City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42902					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V							
В.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	al) or Full Org	anization Name	Date of Receipt					
		05 11 2018							
	City	State	Zip Code	Transaction ID : SA11AI.43224					
	McAllen FEC ID number of contributing	1/	78504	Amount of Each Receipt this Period					
	federal political committee.	400.00							
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) sian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00						
С .	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 1421 North 2nd Street			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43548 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) self-employee	Occup: physici	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify)								
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for each category of the 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montanez, Guillermo, , Dr., Date of Receipt Mailing Address 100 S. W. Augusta Square 2018 City Zip Code State Transaction ID: SA11AI.43225 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montanez, Guillermo, , Dr., Date of Receipt Mailing Address 100 S. W. Augusta Square 06 2018 City State Zip Code Transaction ID: SA11AI.43549 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Morales, Carlos, , , Date of Receipt Mailing Address 3325 Kent Lane 18 2018 City State Zip Code Transaction ID: SA11AI.42904 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC							
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 3325 Kent Lane		05 11 2018						
City	State Zip Code TX 78503	Transaction ID : SA11AI.43226						
mcallen	1,000							
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	2000.0							
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 3325 Kent Lane		06 22 / 2018						
City	State Zip Code	Transaction ID : SA11AI.43550						
mcallen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	400.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	, 2400.0	00						
Full Name of Individual (Last, First, Middle Moreno, Leonel, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1608 Woods Drive		04 18 2018						
City mission	State Zip Code 78572	Transaction ID : SA11AI.42906						
		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify)	1000.0	0						
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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Moreno, Leonel, , , Mailing Address 1608 Woods Drive	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1606 Woods Drive		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43228
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Memo Item contribution	
Receipt For: Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Moreno, Leonel, , , Mailing Address 1608 Woods Drive	e Initial) or Full Organization Name	Date of Receipt
		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43552
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle Nandipaty, Sivakumari, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1509 N. Misty Lane		05 11 2018
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.43231
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed Receipt For:	physician	contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL I	PAC		
Full Name of Individual (Last, First, Middle Ini Nandipaty, Sivakumari, , Dr., Mailing Address 1509 N. Misty Lane	itial) or Full Orga	anization Name	Date of Receipt
			06 22 2018
City	State TX	Zip Code	Transaction ID : SA11AI.43555
Weslaco	1/	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physici	an	contribution
Receipt For: Primary General	Aggregate Ye		
Other (specify) ▼		300.00	
Full Name of Individual (Last, First, Middle Ini O'Callaghan, William, , Dr.,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 111 NE Augusta Square		T7: C :	04 18 2018
City	State TX	Zip Code	Transaction ID : SA11AI.42910
McAllen 550 ID 10 In 10	1/	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 111 NE Augusta Square			05 11 2018
City	State	Zip Code	Transaction ID : SA11AI.43232
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) self-employed	Occupa	ation (for Individual)	Memo Item contribution
Receipt For:	Aggregate Ye		
Primary General	Ayyı eyale 10		
Other (specify)		500.00	
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	nd Statements may not be sold or used by any p							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name of Individual (Last, First, Middle O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	e Initial) or Full Organization Name	Date of Receipt						
		06 22 2018						
City	State Zip Code	Transaction ID : SA11AI.43556						
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)							
self-employed	physician	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]						
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1901 W. 18th Street		04 18 2018						
City	State Zip Code	Transaction ID : SA11AI.42911						
Weslaco	TX 78596	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00							
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr.,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1901 W. 18th Street		05 11 2018						
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.43233						
	1.7 1,009.0	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	500.00]						
SUBTOTAL of Receipts This Page (optional	l)	300.00						
TOTAL This Period (last page this line num	ber only)							

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ochoa, Alfonso, , Dr., Date of Receipt Mailing Address 1901 W. 18th Street 2018 City Zip Code State Transaction ID: SA11AI.43557 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 04 18 2018 City State Zip Code Transaction ID: SA11AI.42913 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ochoa, Ricardo, Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 11 2018 City State Zip Code Transaction ID: SA11AI.43235 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC							
Full Name of Individual (Last, First, Middle I Ochoa, Ricardo, , Mr.,	Initial) or Full Orgar	nization Name	Date of Receipt					
Mailing Address 2421 N. 'J' Street			06 22 7 2018					
City	State	Zip Code	Transaction ID : SA11AI.43559					
McAllen Control in the control in th	TX	78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)							
self-employed	private in	nvestor	contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify) ▼		600.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	nization Name	Date of Receipt					
Mailing Address 2604 Santa Teresa			04 18 2018					
City	State	Zip Code	Transaction ID : SA11AI.42914					
Mission	TX	78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) self-employed	Occupat doctor	tion (for Individual)	Memo Item contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify) ▼		400.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	nization Name	Date of Receipt					
Mailing Address 2604 Santa Teresa			05 11 2018					
City	State	Zip Code	Transaction ID : SA11AI.43236					
Mission	TX	78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) self-employed	Occupati doctor	ion (for Individual)	Memo Item contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify)	33. 233 100	500.00						
SUBTOTAL of Receipts This Page (optional)			300.00					
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	06 22 2018
	Mission	TX	78572	Transaction ID : SA11AI.43560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) self-employed	Occupa doctor	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
В.	Full Name of Individual (Last, First, Middle Initial Ohabor, Chioma, , Ms,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 6114 N. 3rd Lane	05 11 2018		
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.43237
	FEC ID number of contributing federal political committee.	C	70004	Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) selfemployed		ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
С .	Full Name of Individual (Last, First, Middle Initial Ohabor, Chioma, , Ms,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 6114 N. 3rd Lane			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43561 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution
	Receipt For: Primary General Other (specify)			
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initial Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road	al) or Full Orga	anization Name	Date of Receipt								
	City	Otata	7:n Code	04 18 2018								
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.42916 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00									
В.	Full Name of Individual (Last, First, Middle Initia Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road	Date of Receipt										
				05 11 2018								
	City	State	Zip Code	Transaction ID : SA11AI.43238								
	McAllen	TX	78504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500,00									
С .	Full Name of Individual (Last, First, Middle Initia Olveira, Noel, , Dr.,	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 9917 Bentsen Road			06 22 / Y Y Y Y Y								
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43562 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution								
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼									
	Other (specify)											
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	300.00								

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 18 2018 City Zip Code State Transaction ID: SA11AI.42917 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 05 2018 City State Zip Code Transaction ID: SA11AI.43239 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Orfanos, Athanaji, , Dr., Date of Receipt Mailing Address 3013 Lakeshore Drive 22 2018 City State Zip Code Transaction ID: SA11AI.43563 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orfanos, John, , Dr., Date of Receipt Mailing Address 5416 N. Cynthia 2018 City Zip Code State Transaction ID: SA11AI.43240 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Orfanos, John, , Dr., Date of Receipt Mailing Address 5416 N. Cynthia 06 2018 City State Zip Code Transaction ID: SA11AI.43564 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 11 2018 City State Zip Code Transaction ID: SA11AI.43242 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 2018 City Zip Code State Transaction ID: SA11AI.43566 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 04 18 2018 #148 City State Zip Code Transaction ID: SA11AI.42921 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 11 2018 #148 City State Zip Code Transaction ID: SA11AI.43243 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any pers e name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle Ir Otero, Fernando, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 121 E. Quamasia		06 22 2018			
#148 City	State Zip Code	Transaction ID : SA11AI.43567			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle Ir Owen, Kip, , , Mailing Address 2305 Red River	Date of Receipt				
Walling Address 2505 Red River		04 18 2018			
City	State Zip Code	Transaction ID : SA11AI.42922			
mcallen	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name of Individual (Last, First, Middle Ir Owen, Kip, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2305 Red River		05 11 2018			
City	State Zip Code	Transaction ID : SA11AI.43244			
mcallen	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	500.00				
SUBTOTAL of Receipts This Page (optional)		600.00			
TOTAL This Period (last page this line number	only)				

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Owen, Kip, , , Date of Receipt Mailing Address 2305 Red River 2018 City Zip Code State Transaction ID: SA11AI.43568 TX mcallen 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Palacios, Esteban, , Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 05 2018 City State Zip Code Transaction ID: SA11AI.43246 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Palacios, Esteban, Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 22 2018 City State Zip Code Transaction ID: SA11AI.43570 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi Palimar, Prakash, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 121 Canary			04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42925				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	physi	cian	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 1000.00					
В.	Full Name of Individual (Last, First, Middle Initi Palimar, Prakash, , ,	Date of Receipt						
	Mailing Address 121 Canary	05 11 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43247				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Memo Item contribution						
	Receipt For:	Aggregate Y	∕ear-to-Date ▼					
	Primary General Other (specify) ▼	4	1250.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Palimar, Prakash, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 121 Canary			06 22 Y 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43571				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	physic	cian	contribution				
	Receipt For:	Aggregate Y	'ear-to-Date ▼					
	Primary General Other (specify)		1500.00					
F	SUBTOTAL of Receipts This Page (optional)		<u> </u>	750.00				
I T	OTAL This Period (last page this line number of	nly)						

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C							
١.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,	Date of Receipt							
	Mailing Address 2004 Alexander Drive	04 18 2018							
	City	State	Zip Code	Transaction ID : SA11AI.42926					
	weslaco	TX	78596	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	tion (for Individual)	Memo Item						
	selfemployed	physicia	an	contribution					
	December Ferm	Aggregate Yea	ar-to-Date ▼						
	Primary General	, 1991 ogato 10t	ar to Bate						
	Other (specify) ▼	400.00							
3.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 2004 Alexander Drive	M M / D D / Y Y Y Y							
	Maining Address 2004 Alexander Drive			05 11 2018					
	City	State Zip Code							
	weslaco	TX	78596	Transaction ID : SA11AI.43248 Amount of Each Receipt this Period					
	FEC ID number of contributing	- Income of Education							
	federal political committee.	С		100.00					
	Name of Employer (for Individual) selfemployed	Occupa physici	tion (for Individual) an	Memo Item contribution					
	Receipt For:	Aggregate Yea	ar-to-Date ▼						
	Primary General	33.13							
	Other (specify) ▼	,	500.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,) or Full Orga	nization Name	Date of Receipt					
-	Mailing Address 2004 Alexander Drive								
	City	State	Zip Code	Transaction ID : SA11AI.43572					
	weslaco	TX	78596	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С		100.00					
	Name of Employer (for Individual)	Memo Item							
	selfemployed	physicia	an .	contribution					
	Receipt For:	Aggregate Yea	ar-to-Date ▼						
	Primary General	33 - 3-112 - 101							
	Other (specify)		600.00						
s	UBTOTAL of Receipts This Page (optional)			300.00					
T	OTAL This Period (last page this line number on	ly)							

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	nd Statements may not be sold or used by any per g the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Date of Receipt						
Mailing Address 700	04 18 2018						
Brazos City	State Zip Code	Transaction ID : SA11AI.42927					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Self employed							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr., Mailing Address 700	e Initial) or Full Organization Name	Date of Receipt					
Brazos	Brazos						
City	State Zip Code	Transaction ID : SA11AI.43250					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500,00						
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 700 Brazos		06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43573					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00						
SUBTOTAL of Receipts This Page (optional	ı) >	300.00					
TOTAL This Period (last page this line num	nber only)						

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	and Statements may not be sold or used by any pering the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Pechero, Guillermo, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pechero, Guillermo, , Dr.,						
Mailing Address 2312 La Condesa	04 18 2018						
City	State Zip Code	Transaction ID : SA11AI.42928					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	Aggregate real to Bate .						
Other (specify) ▼	1600.00						
Full Name of Individual (Last, First, Midd 3. Pechero, Guillermo, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2312 La Condesa							
City	State Zip Code	Transaction ID : SA11AI.43251					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	2000.00						
Full Name of Individual (Last, First, Midd C. Pechero, Guillermo, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2312 La Condesa		06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.43574					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	00 0						
Other (specify)	2400.00						
SUBTOTAL of Receipts This Page (option	al)	1200.00					
TOTAL This Period (last page this line nu	mber only)						

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Pena, Alberto, , Dr., Mailing Address 3716 Tigris	al) or Full Orga		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State TX	Zip Code 78539	Transaction ID : SA11AI.43252							
	FEC ID number of contributing federal political committee.	C	76339	Amount of Each Receipt this Period 50.00							
	Name of Employer (for Individual) self-employed Receipt For:	Occupa doctor Aggregate Ye		Memo Item contribution							
	Primary General Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initial Pena, Alberto, , Dr., Mailing Address 3716 Tigris	Date of Receipt 06 22 2018									
	City	Zip Code	06 22 2018 Transaction ID : SA11AL43576								
	Edinburg	TX	78539	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	50.00									
	Name of Employer (for Individual) self-employed	Occup- doctor	ation (for Individual)	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼										
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 100 Bluebird			04 18 2018							
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.42930 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1600.00								
H	CUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	500.00							

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Pena, Jose, , , Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle I Pena, Jose, , , Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Pena, Juan, , , Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 1600.00	Date of Receipt M M M / 18 2018 Transaction ID: SA11AI.42931 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Pena, Juan, , , Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date 2000.00	Date of Receipt Mark 2018 2018 Transaction ID : SA11AI.43254 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Ir Pena, Juan, , , Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle Ir	State Zip Code TX 78577 C Occupation (for Individual) private investor Aggregate Year-to-Date 2400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	925.00
TOTAL This Period (last page this line number	r only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Pena, Raul, , Dr., Mailing Address 3500 San Clemente	al) or Full Orga	anization Name	Date of Receipt							
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43255 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	ů .									
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Memo Item contribution									
— В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initi Pena, Raul, , Dr.,	Date of Receipt									
٥.	Mailing Address 3500 San Clemente City	06 22 2018 Transaction ID : SA11Al.43579									
	Mission FEC ID number of contributing federal political committee.	ТХ	Zip Code 78572	Amount of Each Receipt this Period							
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual)	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 750.00								
С .	Full Name of Individual (Last, First, Middle Initi Penalo, Pedro, , Dr.,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 906 S. Bridge	Chaha	7in Ondo	04 18 2018							
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.42933 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		200.00							
	Name of Employer (for Individual) Self employed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution							
	Primary General Other (specify)										
H	CUBTOTAL of Receipts This Page (optional)		<u>^</u>	450.00							

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Penalo, Pedro, , Dr., Mailing Address 906 S. Bridge City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Penalo, Pedro, , Dr., Mailing Address 906 S. Bridge City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt Mo6 22 2018 Transaction ID: SA11Al.43580 Amount of Each Receipt this Period 200.00 Memo Item contribution
Pereira, Nicholas, , Dr., Mailing Address 7005 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / 18 2018 Transaction ID: SA11AI.42934 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	500.00
TOTAL This Period (last page this line number	er only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Pereira, Nicholas, , Dr.,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 7005 North Cynthia		_	05 11 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43257				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	self-employee	physic	cian	contribution				
	Receipt For:	1. /						
	Primary General	Aggregate Y	/ear-to-Date ▼					
	Other (specify) ▼	500.00						
В.	Full Name of Individual (Last, First, Middle Initial Pereira, Nicholas, , Dr.,	Date of Receipt						
	Mailing Address 7005 North Cynthia	06 22 2018						
	City	State	Zip Code	Transaction ID : SA11AI.43581				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	100.00						
	Name of Employer (for Individual) self-employee	Occup physi	pation (for Individual) ician	Memo Item contribution				
	Receipt For:	Aggregate Y	∕ear-to-Date ▼					
	Primary General Other (specify) ▼		600.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial Perez, Florencia, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt				
	Mailing Address 4600 Victoria			04 18 2018				
	City	State	Zip Code	Transaction ID : SA11AI.42936				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	EEC ID number of contributing			7.1 21 2.1.2.1.1.2.3.0.pt 1.1 1.0.1.0.1.				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	selfemployed	private	e investor	contribution				
	Receipt For:	1.	/ear-to-Date ▼	7				
	Primary General	Aggregate 1	eal-lo-Date +					
	Other (specify)		400.00					
s	SUBTOTAL of Receipts This Page (optional)		>	300.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name of Individual (Last, First, Mid Perez, Florencia, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4600 Victoria		05 11 2018				
City						
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name of Individual (Last, First, Mid Perez, Florencia, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4600 Victoria	06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43583				
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	600.00					
Full Name of Individual (Last, First, Mid C. Perez, Francisco, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4726 S. Jackson		05 11 2018				
City	State Zip Code TX 78539	Transaction ID : SA11AI.43260				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (option	nal)	250.00				
TOTAL This Period (last page this line nu	imber only)					

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initi-Perez, Francisco, , Dr.,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 4726 S. Jackson			06 22 2018			
	City	State	Zip Code	Transaction ID : SA11AI.43584			
	Edinburg	TX	78539	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
	self-employee	physic	cian	contribution			
	Receipt For: Primary General Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initi-	Date of Receipt					
	Mailing Address 6912 N. Peking	04 18 2018					
	City	State	Zip Code	Transaction ID : SA11AI.42939			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	400.00					
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate Y	′ear-to-Date ▼				
	Primary General Other (specify) ▼						
	Full Name of Individual (Last, First, Middle Initi Pierson, Claudia, , ,	al) or Full Org	ganization Name	Date of Receipt			
Ο.	Mailing Address 6912 N. Peking			05 11 2018			
	City	State	Zip Code	Transaction ID : SA11AI.43261			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer (for Individual)		pation (for Individual)	Memo Item			
	selfemployed	physic	cian	contribution			
	Receipt For:	Aggregate Y	'ear-to-Date ▼				
	Primary General Other (specify)						
F	UBTOTAL of Receipts This Page (optional)		<u> </u>	850.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Pierson, Claudia, , , Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID: SA11Al.43585 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) The street of the s	State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt 04 25 2018 Transaction ID: SA11AI.42940 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street 2018 City State Zip Code Transaction ID: SA11AI.43586 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 04 18 2018 City State Zip Code Transaction ID: SA11AI.42942 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 11 2018 City State Zip Code Transaction ID: SA11AI.43264 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per he name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Preciado, Sergio, , , Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	State Zip Code TX 78504 C Occupation (for Individual) physician	Date of Receipt M M M / D D / 2018 Transaction ID: SA11AI.43588 Amount of Each Receipt this Period 250.00 Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	ceipt For: Aggregate Year-to-Date ▼ Primary General				
Full Name of Individual (Last, First, Middle II Prieto-Harris, Robert, , Dr., Mailing Address 7516 N. 3rd City McAllen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Receipt For: Primary Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Memo Item contribution			
Full Name of Individual (Last, First, Middle In Prieto-Harris, Robert, , Dr., Mailing Address 7516 N. 3rd City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt 06			
SUBTOTAL of Receipts This Page (optional)	>	350.00			
TOTAL This Period (last page this line numbe	er only)				

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	ny information copied from such Reports and State for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initi-Quinteros, Maria, , Dr.,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 702 South 1st Lane			05 11 2018			
	City	State	Zip Code	Transaction ID : SA11AI.43268			
	McAllen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	selfemployed	phys	sician	contribution			
	Receipt For: Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to-Date ▼					
В.	Full Name of Individual (Last, First, Middle Initi-Quinteros, Maria, , Dr.,	Date of Receipt					
	Mailing Address 702 South 1st Lane	06 22 2018					
	City	State	Zip Code	Transaction ID : SA11AI.43592			
	McAllen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	50.00					
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Ramirez, Ernesto, , Dr.,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address P.O.Box 720298			04 18 2018			
	City	State	Zip Code	Transaction ID : SA11AI.42948			
	McAllen	TX	78502	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	self-employee	phys	sician	contribution			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)						
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	200.00			

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramirez, Ernesto, , Dr., Date of Receipt Mailing Address P.O.Box 720298 2018 City Zip Code State Transaction ID: SA11AI.43270 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Ernesto, , Dr., Date of Receipt Mailing Address P.O.Box 720298 06 2018 City State Zip Code Transaction ID: SA11AI.43594 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 22 2018 City Zip Code State Transaction ID: SA11AI.43595 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / 18 2018 Transaction ID : SA11AI.42951 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 05 11 2018 Transaction ID: SA11AL43272 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / 22 / 2018 Transaction ID: SA11AI.43596 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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220 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramos, Gustavo, , , Date of Receipt Mailing Address 1301 S. Perking 18 2018 City Zip Code State Transaction ID: SA11AI.42952 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physicain contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ramos, Gustavo, , , Date of Receipt Mailing Address 1301 S. Perking 05 2018 City State Zip Code Transaction ID: SA11AI.43273 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physicain contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramos, Gustavo, , , Date of Receipt Mailing Address 1301 S. Perking 22 2018 City State Zip Code Transaction ID: SA11AI.43597 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramos, Keith, , Dr., Date of Receipt Mailing Address P.O. Box 4412 2018 City Zip Code State Transaction ID: SA11AI.43274 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramos, Keith, , Dr., Date of Receipt Mailing Address P.O. Box 4412 2018 City State Zip Code Transaction ID: SA11AI.43598 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 18 2018 City State Zip Code Transaction ID: SA11AI.42958 TX weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 2018 City State Zip Code Transaction ID: SA11AI.43277 TX 78596 weslaco Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Reddy, R.V., , , Date of Receipt Mailing Address 1500 Southland Drive 06 2018 City Zip Code State Transaction ID: SA11AI.43602 weslaco TX 78596 Amount of Each Receipt this Period FEC ID number of contributing

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	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00	
C.	Full Name of Individual (Last, First, Middle In Reddy, Vangala, , , Mailing Address 605 Tulip	itial) or Full Orga	nization Name	Date of Receipt
	City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42959
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) selfemployed	Occupati physicia	tion (for Individual) ın	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....

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450.00

125.00

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Reddy, Vangala, , , Mailing Address 605 Tulip City	al) or Full Org	anization Name Zip Code	Date of Receipt 05 11 2018 Transaction ID: SA11Al.43278							
	mcallen FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 200.00									
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution									
В.	Full Name of Individual (Last, First, Middle Initi Reddy, Vangala, , , Mailing Address 605 Tulip City	al) or Full Org	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	mcallen FEC ID number of contributing federal political committee.	TX C	78504	Amount of Each Receipt this Period 200.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occup physic Aggregate Ye		contribution							
C.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , , Mailing Address 1117 S. Cynthia	al) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)		Zip Code 78504	Transaction ID : SA11AI.42961 Amount of Each Receipt this Period 400.00 Memo Item contribution							
	selfemployed Receipt For: Primary General Other (specify)	physic Aggregate Ye		Contribution							
H	UBTOTAL of Receipts This Page (optional)			800.00							

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , , Mailing Address 1117 S. Cynthia City	al) or Full Org	anization Name	Date of Receipt M M							
	mcallen FEC ID number of contributing federal political committee.	ID number of contributing all political committee.									
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution									
В.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , , Mailing Address 1117 S. Cynthia			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID : SA11Al.43605 Amount of Each Receipt this Period 400.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State TX	Zip Code 78550 ation (for Individual)	Date of Receipt M M / 18 2018 Transaction ID: SA11AI.42962 Amount of Each Receipt this Period 125.00 Memo Item contribution							
H	SUBTOTAL of Receipts This Page (optional)		<u>^</u>	925.00							

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City	al) or Full Orga	anization Name	Date of Receipt M M							
	Harlingen										
	federal political committee.	125.00									
	Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	contribution									
<u> </u>	Full Name of Individual (Last, First, Middle Initial Ringheanu, Mihaela, , Dr.,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 3214 Banyan Circle City	State	Zip Code	06 22 2018 Transaction ID : SA11AL43606							
	Harlingen FEC ID number of contributing federal political committee.	ТХ	78550	Amount of Each Receipt this Period 125.00							
	Name of Employer (for Individual) Self employed	Occup physic	ation (for Individual) sian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 750.00								
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 100 E. Houston City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.42963							
	mcallen	TX	78501	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer (for Individual) selfemployed	Occup- physici	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1000.00								
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle In Rivas, Homero, , , Mailing Address 100 E. Houston City	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt 06 22 2018 Transaction ID: SA11Al.43607 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physcian Aggregate Year-to-Date 1000.00	Date of Receipt M M M / 18 2018 Transaction ID : SA11AI.42964 Amount of Each Receipt this Period 250.00 Memo Item contribution
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Α.	Full Name of Individual (Last, First, Middle Init Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia	ial) or Full Org	panization Name	Date of Receipt			
	City	State	Zip Code	05 11 2018 Transaction ID : SA11AI.43283			
	mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00			
	Name of Employer (for Individual) selfemployed		pation (for Individual)	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Init Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia	ial) or Full Org	panization Name	Date of Receipt			
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11Al.43608 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer (for Individual) selfemployed	physo		Memo Item contribution			
	Primary General Other (specify) ▼						
С.	Full Name of Individual (Last, First, Middle Init Rocha, Martin, , Mr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address P.O. Box 662 City	State	Zip Code	05 / 11 / 2018 Transaction ID : SA11AI.43285			
	Santa Rosa	TX	78593	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer (for Individual) selfemployed Receipt For:	private	e investor ear-to-Date output Description Descripti	Memo Item contribution			
	Primary General Other (specify)	Aggregate	250.00				
s	SUBTOTAL of Receipts This Page (optional)		•	550.00			
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Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used bing the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.						
BORDER HEALTH FEDER	AL PAC							
Full Name of Individual (Last, First, Mido A. Rocha, Martin, , Mr.,	lle Initial) or Full Organization Name	Date of Receipt						
Mailing Address P.O. Box 662		06 22 2018						
City	State Zip Code	Transaction ID : SA11AI.43609						
Santa Rosa	TX 78593	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	private investor	contribution						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Midd	4-14-14							
3. Rodriguez, Ofelia, , Dr.,	ine military of Full Organization Hame	Date of Receipt						
Mailing Address 112 E. Xenops		05 11 2018						
City	State Zip Code	Transaction ID : SA11AI.43288						
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	50.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	250	0.00						
Full Name of Individual (Last, First, Mido	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rodriguez. Ofelia Dr							
Mailing Address 112 E. Xenops		06 22 2018						
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43612 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify)	300	.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Ruiz, Henry, E., Dr., Mailing Address 208 W. Pelician City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt M M M
Full Name of Individual (Last, First, Middle I Ruiz, Henry, E., Dr., Mailing Address 208 W. Pelician City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle I	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 750.00	Date of Receipt Mark
City Malling Address 208 W. Pelician City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt M M / 22
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saca, Paulette, , , Date of Receipt Mailing Address 109 Condor 18 2018 City Zip Code State Transaction ID: SA11AI.43357 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Saca, Paulette, , , Date of Receipt Mailing Address 109 Condor 05 2018 City State Zip Code Transaction ID: SA11AI.43293 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 95.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Saca, Paulette, , , Date of Receipt Mailing Address 109 Condor 22 2018 City State Zip Code Transaction ID: SA11AI.43451 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may no the name and addre	ot be sold or used by any person of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	L PAC		
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive	Initial) or Full Organ	ization Name	Date of Receipt
C'h.	Otata	7in Cada	04 18 2018
City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.42974
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed Receipt For:	Occupati physicial Aggregate Year		Memo Item contribution
Primary General Other (specify) ▼	Aggregate real	1600.00	
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive	Initial) or Full Organ	ization Name	Date of Receipt
City	State TX	Zip Code 78574	05
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occupati physicia	ion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle Saenz, Javier, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 2308 Monaco Drive City	State	Zip Code	06 22 2018
mission	TX	78574	Transaction ID : SA11AI.43617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) selfemployed	physiciar		Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 2400.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square	al) or Full Org		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.42976
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual)	1 .	ation (for Individual)	Memo Item
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution
В.	Full Name of Individual (Last, First, Middle Initial Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square	al) or Full Org	anization Name	Date of Receipt Date of Receipt
	City	التنتيا لينا لتنا		
	mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.43296 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00	
С .	Full Name of Individual (Last, First, Middle Initial Saenz, JJ, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2400 S.E. Augusta Square			06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.43619 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2400.00	
H	SUBTOTAL of Receipts This Page (optional)			1200.00

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC						
Α.	Mailing Address 3300 S. 2nd	al) or Full Orga	anization Name	Date of Receipt 04 18 2018				
	suite 10 City	State	Zip Code	Transaction ID : SA11AI.42977				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
	self-employed	private	e investor	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00					
В.	Full Name of Individual (Last, First, Middle Initial Safir, Larry, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 3300 S. 2nd			05 11 2018				
	suite 10	City State Zip Code						
	mcallen	TX	78503	Transaction ID : SA11AI.43297 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000,00					
С .	Full Name of Individual (Last, First, Middle Initial Safir, Larry, , ,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 3300 S. 2nd suite 10	lo:		06 22 2018				
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.43620				
		170	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)							
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00				

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Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may no the name and addres	ot be sold or used by any pe ss of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Salazar, Juan, , , Mailing Address 801 E Nolana Loop	Date of Receipt						
City	State	Zip Code	04 18 2018				
McAllen	TX	78504	Transaction ID : SA11AI.42978 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing						
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle Salazar, Juan, , , Mailing Address 801 E Nolana Loop	Date of Receipt						
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.43298 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	EC ID number of contributing						
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual) n	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 1250.00					
Full Name of Individual (Last, First, Middle Salazar, Juan, , ,	Initial) or Full Organi	ization Name	Date of Receipt				
Mailing Address 801 E Nolana Loop		Zin Code	06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.43621				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) selfemployed	selfemployed physician						
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 1500.00					
SUBTOTAL of Receipts This Page (optional).		·····	750.00				
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER: PAGE 174 OF 220 Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 14

	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen	Date of Receipt M					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	number of contributing political committee. f Employer (for Individual) ployee For: rimary General C Occupation (for Individual) physician Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Address 5409 N. 1st Street State Zip Code TX 78504 C D number of contributing political committee. Of Employer (for Individual) physician of For: Primary General State Zip Code TX 78504 C Description (for Individual) physician Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr., Mailing Address 2203 Red River City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 04 18 2018 Transaction ID: SA11AI.42980 Amount of Each Receipt this Period 100.00 Memo Item contribution				
		200.00				
TOTAL This Period (last page this line numb	er only)					

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr., Mailing Address 2203 Red River City mission	Date of Receipt M	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 500.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr., Mailing Address 2203 Red River City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Sanchez, Elisa, Garza, , Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78574 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / 18 2018 Transaction ID: SA11AI.42981 Amount of Each Receipt this Period 125.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	325.00
TOTAL This Period (last page this line number	er only)	

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	ormation copied from such Reports and State ommercial purposes, other than using the na							
\	IE OF COMMITTEE (In Full)							
_ \ RC	PRDER HEALTH FEDERAL PA	.C						
	Name of Individual (Last, First, Middle Initial) nchez, Elisa, Garza, ,	or Full Orga	anization Name	Date of Receipt				
Maili	ng Address 3509			M = M / D = D / Y = Y = Y				
Cit	N. Glasscock	Stata	Zin Codo	05 11 2018				
City Miss	sion	State TX	Zip Code 78574	Transaction ID : SA11AI.43301				
				Amount of Each Receipt this Period				
	ID number of contributing ral political committee.	С		125.00				
Nam	e of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
Self	employed	physici	an	contribution				
Rece		Aggregate Ye	ar-to-Date ▼					
	Primary General	2 .0						
	Other (specify) ▼		625.00					
3. <u>Sa</u>	Name of Individual (Last, First, Middle Initial)	or Full Orga	anization Name	Date of Receipt				
Maili	ng Address 3509	_	<u> </u>	M = M / D = D / Y = Y = Y				
<u></u>	N. Glasscock	04-4	7:m 0 - 1 -	06 29 2018				
City	ion	State	Zip Code	Transaction ID : SA11AI.43624				
Miss		TX	78574	Amount of Each Receipt this Period				
	ID number of contributing ral political committee.	С		125.00				
Self	ne of Employer (for Individual) employed	Occupa	ation (for Individual) ian	Memo Item contribution				
Rece		Aggregate Ye						
	Primary General Other (specify) ▼	J. J. 10	750.00					
	Name of Individual (Last, First, Middle Initial)	or Full Orga	anization Name	Date of Receipt				
	ng Address 2804 Santa Lydia			04 18 2018				
City		State	Zip Code	Transaction ID : SA11AI.42982				
miss	sion	TX	78572	Amount of Each Receipt this Period				
	ID number of contributing ral political committee.		100.00					
	e of Employer (for Individual)	Memo Item						
	employed	contribution						
Rece		Aggregate Ye	ar-to-Date ▼					
	Primary General Other (specify)	-	400.00					
SUBTO	DTAL of Receipts This Page (optional)		_	350.00				
TOTAL	This Period (last page this line number onl	y)	·····					

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sanchez, Manuel, , , Date of Receipt Mailing Address 2804 Santa Lydia 2018 City Zip Code State Transaction ID: SA11AI.43302 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sanchez, Manuel, , , Date of Receipt Mailing Address 2804 Santa Lydia 06 2018 City State Zip Code Transaction ID: SA11AI.43625 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Santoy, Elena, , Ms, Date of Receipt Mailing Address 416 N. 17th Street 11 2018 City State Zip Code Transaction ID: SA11AI.43304 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi Santoy, Elena, , Ms, Mailing Address 416 N. 17th Street	al) or Full Org	anization Name	Date of Receipt 06 29 2018						
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.43627 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) selfemployed Receipt For:	Occup physic Aggregate Ye		Memo Item contribution						
	Primary General Other (specify) ▼	Primary General								
В.	Full Name of Individual (Last, First, Middle Initi Serna, Samuel, , Dr., Mailing Address 125 E. Cornell	Date of Receipt 04 18 2018								
	City McAllen	Transaction ID : SA11AI.42986								
	FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 100.00						
	Name of Employer (for Individual) self-employee	Occup	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00							
С .	Full Name of Individual (Last, First, Middle Initi Serna, Samuel, , Dr.,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 125 E. Cornell			05 11 2018						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43306 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee Receipt For:	ation (for Individual) ian	Memo Item contribution							
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00							
s	UBTOTAL of Receipts This Page (optional)		>	250.00						
Т	OTAL This Period (last page this line number o	nly)	>							

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or for commercial purposes, other than using the	ne name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Serna, Samuel, , Dr., Mailing Address 125 E. Cornell	Date of Receipt 06 22 2018						
City McAllen	· '						
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
Full Name of Individual (Last, First, Middle I Shan, Pankajkumar, , Dr., Mailing Address 2300 Solera Drive	nitial) or Full Organization Name	Date of Receipt					
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.43307 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle I Shan, Pankajkumar, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 2300 Solera Drive City	State Zip Code	06 / 22 / 2018 Transaction ID : SA11Al.43630					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00						
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	200.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , , , Mailing Address 4000 Burns Drive	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.42988						
	mcallen	TX	78503	_ Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V								
В.	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive	Date of Receipt								
			Zip Code	05 11 2018						
	City	Transaction ID : SA11AI.43308								
	mcallen FEC ID number of contributing federal political committee.	С	78503	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00							
С .	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 4000 Burns Drive			06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.43631 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2400.00							
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Siberman, Herschel, , Dr., Mailing Address 609 Tulip	al) or Full Org	anization Name	Date of Receipt 05 11 2018							
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.43309 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occup physic Aggregate Ye		Memo Item contribution							
	Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initi Siberman, Herschel, , Dr., Mailing Address 609 Tulip	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City McAllen	Transaction ID : SA11Al.43632 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	50.00									
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00								
С .	Full Name of Individual (Last, First, Middle Initi Slavin, Dennis, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 1501 S. Oklahoma			04 18 2018							
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.42991 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)										
s	UBTOTAL of Receipts This Page (optional)		·····	200.00							
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\rangle	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma) or Full Orga	nization Name	Date of Receipt				
	Maining Address 1501 S. Oklanoma			05 11 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43311				
	weslaco	TX	78596	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution				
	Descript Fem	Aggregate Yea	ar-to-Date ▼ 500.00					
3.	Full Name of Individual (Last, First, Middle Initial Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma) or Full Orga	nization Name	Date of Receipt				
				06 22 2018				
	City	State	Zip Code	Transaction ID : SA11AI.43635				
	weslaco	17	78596	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer (for Individual) selfemployed	Occupa physici	tion (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 600.00					
	Full Name of Individual (Last, First, Middle Initial Solis, Joel, , ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 405 E. Avocet			04 18 2018				
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.42993 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 600.00					
s	UBTOTAL of Receipts This Page (optional)			350.00				
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Any information copied from such Reports and	Statements may not be sold or used by any per	son for the purpose of soliciting contributions					
	ne name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Solis, Joel, , , Mailing Address 405 E. Avocet	nitial) or Full Organization Name	Date of Receipt					
City	State 7in Code	05 11 2018					
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.43313					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00					
Name of Employer (for Individual)	Memo Item						
self-employed	physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00						
Full Name of Individual (Last, First, Middle In Solis, Joel, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 405 E. Avocet		06 22 2018					
City	State Zip Code	Transaction ID : SA11AI.43637					
Mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00						
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 101 South Greenbriar		04 18 2018					
City	State Zip Code	Transaction ID : SA11AI.42994					
McAllen	TX 78502	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼]					
Primary General Other (specify)	4000.00						
SUBTOTAL of Receipts This Page (optional)	>	550.00					
TOTAL This Period (last page this line number	r only)						

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or for commercial purposes, other than using the	he name and add	ress of any political committee	to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Soto, Hector, , Dr., Mailing Address 101 South Greenbriar	nitial) or Full Orga	anization Name	Date of Receipt 05 11 2018			
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupa physici Aggregate Ye		Transaction ID : SA11AI.43314 Amount of Each Receipt this Period 250.00 Memo Item contribution			
Full Name of Individual (Last, First, Middle I Soto, Hector, , Dr., Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Other (specify)	State TX	Zip Code 78502	Date of Receipt M M / 22 / 2018 Transaction ID: SA11Al.43638 Amount of Each Receipt this Period 250.00 Memo Item contribution			
Full Name of Individual (Last, First, Middle I Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX	Zip Code 78504 ation (for Individual)	Date of Receipt M M M / 18 2018 Transaction ID: SA11AI.42997 Amount of Each Receipt this Period 100.00 Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)		•	600.00			
TOTAL This Period (last page this line number	er only)					

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code TX T8504 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt Mo6 22 2018 Transaction ID: SA11Al.43641 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Tey, Alejandro, , , Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt 04
SUBTOTAL of Receipts This Page (optional)	>	450.00
TOTAL This Period (last page this line numbe	er only)	

Self employed

Primary

Other (specify)

General

Receipt For:

В.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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contribution

220 PAGE 186 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tey, Alejandro, , , Date of Receipt Mailing Address 3012 Laurie Lane 2018 City State Zip Code Transaction ID: SA11AI.43320 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

physician

Aggregate Year-to-Date ▼

		4	
Full Name of Individual (Last, First, Middle In Tey, Alejandro, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 3012 Laurie Lane	06 22 2018		
City	State	Zip Code	Transaction ID : SA11Al.43644
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self employed	Occup physic	ation (for Individual) sian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1500.00	
Full Name of Individual (Last First Middle I	nitial) or Full Org	anization Name	

1250.00

Trejo, Jose, , , Date of Receipt Mailing Address 112 S. Broadway 18 2018 City State Zip Code Transaction ID: SA11AI.43003 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

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	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Trejo, Jose, , , Mailing Address 112 S. Broadway	e Initial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43323
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle Trejo, Jose, , , Mailing Address 112 S. Broadway	e Initial) or Full Organization Name	Date of Receipt
		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43647
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle C. Turlapati, Krishna, , Dr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 9123 1st Street		04 18 2018
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.43004
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle II Turlapati, Krishna, , Dr., Mailing Address 9123 1st Street	nitial) or Full Orga	anization Name	Date of Receipt
City	0: :	Zin O-di	05 11 2018
City McAllen	State Zip Code TX 78504		Transaction ID : SA11AI.43324
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution
Primary General Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle In Turlapati, Krishna, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 9123 1st Street			06 22 2018
City	State	Zip Code	Transaction ID : SA11AI.43648
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) sian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle In Turley, Susan, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 312 Thunderbird			04 18 2018
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.43326
		70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
self-employed Receipt For:	physicia Aggregate Vo		contribution
Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			450.00
TOTAL This Period (last page this line number	r only)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Turley, Susan, , , Mailing Address 312 Thunderbird	Initial) or Full Organization Name	Date of Receipt
		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43325
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle Turley, Susan, , , Mailing Address 312 Thunderbird	Initial) or Full Organization Name	Date of Receipt
Walling Address 312 Munderblid		06 22 2018
City	State Zip Code	Transaction ID : SA11AI.43649
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2403 El Encino Drive		04 18 2018
City	State Zip Code TX 78572	Transaction ID : SA11AI.43006
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional))	750.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive City mission	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 1250.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / 22 2018 Transaction ID: SA11Al.43650 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Uribe, Lourdes, , , Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	er only)	45 45 45 45

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle I Uribe, Lourdes, , , Mailing Address 801 E. Nolana	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	06 22 2018
McAllen	TX	78504	Transaction ID : SA11AI.43651 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Self employed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I Valladares, Theresa, , Dr., Mailing Address 2302 Red River Drive	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	04 18 2018 Transaction ID : SA11AI.43008
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I Valladares, Theresa, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2302 Red River Drive			05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.43330
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			250.00
TOTAL This Period (last page this line numbe	er only)		

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Valladares, Theresa, , Dr., Mailing Address 2302 Red River Drive	al) or Full Org	anization Name	Date of Receipt
	City Mission	State	Zip Code 78572	7 06 22 2018 2018 2018 2018 2018 2018 2018 2
	FEC ID number of contributing federal political committee.	C	76372	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initi Vasquez, Jose, , , Mailing Address 2548 Palm Circle	Date of Receipt 04 18 2018		
	City rio grande city	Transaction ID : SA11AI.43009 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	250.00		
	Name of Employer (for Individual) selfemployed Receipt For:	physic		Memo Item contribution
	Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
С .	Full Name of Individual (Last, First, Middle Initi Vasquez, Jose, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2548 Palm Circle			05 11 2018
	rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.43331 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution
	Primary General Other (specify)			
S	SUBTOTAL of Receipts This Page (optional)		·····	600.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Vasquez, Jose, , , Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Other (specify)	Date of Receipt M M M / 22 2018 Transaction ID: SA11Al.43653 Amount of Each Receipt this Period 250.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle II Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle II)	State TX Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 18 2018 Transaction ID: SA11AL43012 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle II Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	r only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC					
Α.	Full Name of Individual (Last, First, Middle Initi-Vela, Efraim, , Dr.,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 100 E. Ridge Road #B			06 22 2018			
	City	State	Zip Code	Transaction ID : SA11AI.43656			
	McAllen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
	selfemployed	physi	ician	contribution			
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 1500.00				
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 301 E. Newport			04 18 2018			
	City	State	Zip Code				
	mcallen	TX	78501	Transaction ID : SA11AI.43015 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	70001	200.00			
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate Y	/ear-to-Date ▼				
	Primary General Other (specify) ▼		800.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Verdoreen, Ramiro, , ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 301 E. Newport			05 11 2018			
	City	State TX	Zip Code	Transaction ID : SA11AI.43337			
	mcallen	1.7	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
	selfemployed	physic	cian	contribution			
	Receipt For:	Aggregate \	/ear-to-Date ▼	7			
	Primary General Other (specify)		1000.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Verdoreen, Ramiro, , , Mailing Address 301 E. Newport	al) or Full Orga	anization Name	Date of Receipt 06 22 2018
	City	State	Zip Code	Transaction ID : SA11AI.43659
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00	
В.	Full Name of Individual (Last, First, Middle Initial Villalta, Carlos, , , Mailing Address P. O. Box 1632	al) or Full Orga	anization Name	Date of Receipt
				04 18 2018
	City	State	Zip Code	Transaction ID : SA11AI.43017
	mission FEC ID number of contributing federal political committee.	C	78573	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
С .	Full Name of Individual (Last, First, Middle Initial Villalta, Carlos, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address P. O. Box 1632			05 11 2018
	City mission	State TX	Zip Code 78573	Transaction ID : SA11AI.43339 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 625.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			450.00

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	IMITTEE (In Full) HEALTH FEDERAL F	PAC		
A. Villalta, Carlo	dividual (Last, First, Middle Init S, , , P. O. Box 1632	ial) or Full Orga	anization Name	Date of Receipt
				06 22 2018
City 		State	Zip Code	Transaction ID : SA11AI.43661
mission		TX	78573	Amount of Each Receipt this Period
FEC ID number federal political	•	125.00		
Name of Employ	yer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed		physic	ian	contribution
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate Ye	ear-to-Date ▼	
(0)	, , , , , , , , , , , , , , , , , , ,	7	45 45	
B. Villanueva, I		ial) or Full Orga	anization Name	Date of Receipt
Mailing Address	801 E. Nolana Suite 4			05 11 2018
City		State	Zip Code	Transaction ID : SA11Al.43340
mcallen		TX	78504	Amount of Each Receipt this Period
FEC ID number federal political	•	С		50.00
Name of Emplo selfemployed	yer (for Individual)	Occup physic	ation (for Individual) sian	Memo Item contribution
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name of Inc. C. Villanueva,	dividual (Last, First, Middle Init Rita, , ,	ial) or Full Orga	anization Name	Date of Receipt
Mailing Address				06 22 2018
City mcallen		State TX	Zip Code 78504	Transaction ID : SA11AI.43662 Amount of Each Receipt this Period
FEC ID number federal political	•	С		50.00
Name of Employed	yer (for Individual)	Occupa	ation (for Individual) an	Memo Item contribution
Receipt For:		Aggregate Ye	ear-to-Date ▼	
Primary Other (spe	General ecify)	4	300.00	
	eceipts This Page (optional)		<u> </u>	225.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Villarreal, Victor, , , Mailing Address 901 W. Moore	nitial) or Full Organization Name	Date of Receipt
		04 18 2018
City	State Zip Code	Transaction ID: SA11AI.43020
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name of Individual (Last, First, Middle Ir 3. Villarreal, Victor, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 901 W. Moore		05 11 2018
City	State Zip Code	Transaction ID : SA11AL43342
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 901 W. Moore		06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78577	Transaction ID : SA11AI.43664
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For:	physician	contribution
Heceipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (optional)		270.00
TOTAL This Period (last page this line number	r only)	

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(check only one)										
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		13		14		15		16		17

				son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMM BORDER H	MITTEE (In Full) IEALTH FEDERAL PA	AC		
Viswamitra, Sa		l) or Full Orga	nization Name	Date of Receipt
Mailing Address	TUT Condor			04 18 2018
City		State	Zip Code	Transaction ID : SA11AI.43021
mcallen		TX	78504	Amount of Each Receipt this Period
FEC ID number of federal political co		400.00		
Name of Employed selfemployed	er (for Individual)	Occupa physicia	ition (for Individual) an	Memo Item contribution
Receipt For: Primary Other (spec	General	Aggregate Yea	ar-to-Date ▼ 1600.00	
3. Viswamitra, S		l) or Full Orga	nization Name	Date of Receipt
Mailing Address	IUI Condor	Touri	7: 0.1	05 11 2018
City mcallen		State	Zip Code 78504	Transaction ID : SA11AI.43343
FEC ID number of federal political co	•	C	10004	Amount of Each Receipt this Period 400.00
Name of Employed selfemployed	er (for Individual)	Occupa physici	ation (for Individual) an	Memo Item contribution
Receipt For: Primary Other (spec	General	Aggregate Yea	ar-to-Date ▼ 2000.00	
Full Name of Indi	ividual (Last, First, Middle Initia Saroja, , ,	l) or Full Orga	nization Name	Date of Receipt
Mailing Address				06 / 22 / 2018
City mcallen		State TX	Zip Code 78504	Transaction ID : SA11AI.43665 Amount of Each Receipt this Period
FEC ID number of federal political co	•	С		400.00
Name of Employed selfemployed	er (for Individual)	Occupa physicia	ition (for Individual) an	Memo Item contribution
Receipt For: Primary Other (spec	General	Aggregate Yea	ar-to-Date ▼ 2400.00	
SUBTOTAL of Rec	eipts This Page (optional)		>	1200.00
TOTAL This Period	(last page this line number on	ıly)		

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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , , Mailing Address 1017 south 1st	Date of Receipt 04 18 2018		
	City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.43022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	400.00		
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Memo Item contribution		
— В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , ,	ial) or Full Org	1600.00 ganization Name	Date of Receipt
	Mailing Address 1017 south 1st City	05 11 2018 Transaction ID : SA11AI.43344		
	mcallen FEC ID number of contributing federal political committee.	ТХ	78502	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employed	Occup physic	oation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 2000.00	
С .	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	panization Name	Date of Receipt
	Mailing Address 1017 south 1st City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.43666 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Memo Item contribution		
H	SUBTOTAL of Receipts This Page (optional)	1200.00		

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	oorts and Statements may not be sold or used by any person using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC	
Full Name of Individual (Last, First, Walker, Raymond, , , Mailing Address 1117 Shallow	Middle Initial) or Full Organization Name	Date of Receipt
apt 4	04 18 2018	
City	Transaction ID : SA11AI.43023	
mcallen	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	gggg 10al to Date .	
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Walker, Raymond, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1117 Shallow		M = M / D = D / Y = Y = Y
apt 4		05 11 2018
City	State Zip Code	Transaction ID : SA11AI.43345
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name of Individual (Last, First, Walker, Raymond, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1117 Shallow apt 4		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.43667
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	00 0	
Other (specify)	1500.00	
SUBTOTAL of Receipts This Page (c	optional)	750.00
TOTAL This Period (last page this lin	ne number only)	

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	and Statements may not be sold or used by any pering the name and address of any political committee									
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDER	AL PAC									
Full Name of Individual (Last, First, Mid Webb, James, , , Mailing Address 312 Redbud	dle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 312 Redbud		04 18 2018								
City	Transaction ID : SA11AI.43024									
mcallen	_ Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	62.50								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
self-employed	private investor	contribution								
Primary General	Receipt For: Aggregate Year-to-Date ▼									
Other (specify) ▼	250.00									
Full Name of Individual (Last, First, Mid Webb, James, , ,	dle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 312 Redbud	la	05 11 2018								
City	State Zip Code	Transaction ID : SA11Al.43346								
mcallen	TX 78504	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	62.50								
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution								
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	312.50									
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 312 Redbud		06 22 7 2018								
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.43668								
FEC ID number of contributing		Amount of Each Receipt this Period								
federal political committee.	C	62.50								
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution								
Receipt For:										
Primary General Other (specify)	375.00									
SUBTOTAL of Receipts This Page (option	nal)	187.50								
TOTAL This Period (last page this line nu	ımber only)									

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any le name and address of any political commit	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Full Name of Individual (Last, First, Middle In Wilcox, Patrick, , , Mailing Address 111 Rio Grande	nitial) or Full Organization Name	Date of Receipt									
		04 18 2018									
City mission	State Zip Code 78572	Transaction ID : SA11AI.43025 Amount of Each Receipt this Period									
	FEC ID number of contributing										
FEC ID number of contributing federal political committee.	С	100.00									
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
selfemployed	physician	contribution									
Receipt For: Primary General	Aggregate Year-to-Date ▼	_									
Other (specify) ▼	400.00										
Full Name of Individual (Last, First, Middle In Wilcox, Patrick, , ,	nitial) or Full Organization Name	Date of Receipt									
Mailing Address 111 Rio Grande		05 11 2018									
City	State Zip Code	Transaction ID : SA11AI.43347									
mission	TX 78572	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	100.00									
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution									
Receipt For:	Aggregate Year-to-Date ▼										
Primary General Other (specify) ▼	500.00										
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt									
Mailing Address 111 Rio Grande		06 22 2018									
City	State Zip Code	Transaction ID : SA11AI.43669									
mission	TX 78572	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	100.00									
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
selfemployed Receipt For:	physician	Contribution									
Primary General	Aggregate Year-to-Date ▼	_									
Other (specify)	600.00										
SUBTOTAL of Receipts This Page (optional)		300.00									
TOTAL This Period (last page this line number	· only)										

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905 N. Cynthia	, ,	Date of Receipt 04 18 2018
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For:	State Zip Code 78504 C Occupation (for Individual) physician	Transaction ID : SA11AI.43031 Amount of Each Receipt this Period 100.00 Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AI.43353 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For: Primary Other (specify)	State Zip Code TX Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M 06
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 204 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

220

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zayed, Fuad, , Dr., Date of Receipt Mailing Address 1425 Sweet Lane 18 2018 City Zip Code State Transaction ID: SA11AI.43032 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zayed, Fuad, , Dr., Date of Receipt Mailing Address 1425 Sweet Lane 05 2018 City State Zip Code Transaction ID: SA11AI.43354 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zayed, Fuad, , Dr., Date of Receipt Mailing Address 1425 Sweet Lane 22 2018 City Zip Code State Transaction ID: SA11AI.43676 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... 119377.50 TOTAL This Period (last page this line number only).....

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 220 FOR LINE NUMBER: PAGE 205 OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 Detailed Summary Page **x** 16 13 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KIHUEN, RUBEN, , , Date of Receipt Mailing Address 200 W SAHARA AVE #3802 2018 City Zip Code State Transaction ID: SA16.43724 NV LAS VEGAS 89102 Amount of Each Receipt this Period FEC ID number of contributing H2NV00050 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) U.S. House of Representatives U.S. Repreentative refund of contribution by ruben kihuen - ruben kihuen for congress Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	Hoo care		E NUMBER: PAGE 206 OF 2									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check for each category of the						_	☐ 26				
		Summary Page		21b 28a	22 28b	23	,	26 29	27 30b			
Any information copied from such Reports and Statem	ents may n	not he sold or us								tions		
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
$ \hspace{.05cm} angle$ BORDER HEALTH FEDERAL PAC	,											
Full Name (Last, First, Middle Initial)												
A. ATT				Date of Disbursement								
Moiling Addrson B.O. Poy 020470				\dashv	м - м 06	/ D	01	/ Y	2018	Y		
Mailing Address P.O. Box 930170			Ub	-	ŪΙ		2010					
,	tate		FEC Ide	entificat	ion N	umber						
Dallas Purpose of Disbursement	TX	75393				-		-				
telephone land lines			001		C		- 15°	. 0001	D 40746			
Candidate Name			Category	//				-	B.43710 nent this	Period		
Office Cought:	F		Type				-	-	219.3	30		
Office Sought: House Disbursem	ent For: Primary	General				-	-		213.3	,,,		
	Other (spec				Mod	mo Iten	1					
State: District:					LI IVIEI	iio itell						
Full Name (Last, First, Middle Initial)					Dota of	Dieb	00r	nt				
B. Escamilla, Sandra, , Ms,			Date of Disbursement									
Mailing Address 1418 Quince		\dashv	04 13 2018									
		Zip Code										
,	tate TX		FEC Ide	entificat	ion N	umber						
Purpose of Disbursement		\dashv	С									
contract services - salary expenditure	001				Transaction ID : SB21B.43692							
Candidate Name		//	Amount of Each Disbursement this									
Office Sought: House Disbursem	ent For:		Туре		722.97							
	Primary	General			4 4							
	Other (spec	cify)			Memo Item							
State: District:				_								
Full Name (Last, First, Middle Initial) C. Escamilla, Sandra, , Ms,					Date of	Disbur	seme	nt				
					M M	/ D	■ D	/ Y	YYY	Υ		
Mailing Address 1418 Quince					04	J L	27		2018			
City	tate	Zip Code		+	EEO lei	ntific - t	ion N	umber				
McAllen	TX	78504			FEC Ide	nuncat	IOII IN	umber				
Purpose of Disbursement contract services - salary expenditure			001	7	C							
Candidate Name			Category	,,					B.43693	Period		
		y'										
Office Sought: House Disbursem					722.98							
	Primary General											
State: District:	Other (specify)					Memo Item						
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SUBTOTAL of Disbursements This Page (optional)								-	1665.	34		
TOTAL This Period (last page this line number only).				_								

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SCHEDULE B (FEC Form 3X)			INE NU	NE NUMBER: PAGE 207 OF 220									
ITEMIZED DISBURSEMENTS	I for each category of the I ` -			only or	′] oe						
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NAME OF COMMITTEE (In Full)													
BORDER HEALTH FEDERAL PA	С												
Full Name (Last, First, Middle Initial)					D	D: 1							
A. Escamilla, Sandra, , Ms,			_	Date of Disbursement									
Mailing Address 1418 Quince					05		4	2018					
City McAllen	State TX	Zip Code 78504			FEC Ide	entificatio	n Number						
Purpose of Disbursement	17	76504		_									
contract services - salary expenditure			001	יוד									
Candidate Name			Category	,,			ID: SB2'	IB.43694 ment this Pe	riod				
			Type	' i	7 tillouit	or Edon	Biobaroci	none uno re	niou				
Office Sought: House Disburse	ment For:				L			722.97					
Senate	Primary	General				,							
State: District:	Other (spe	ecity) 🔻			Mei	mo Item							
Full Name (Last, First, Middle Initial)													
B. Escamilla, Sandra, , Ms,					Date of Disbursement								
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Mailing Address 1418 Quince				05	2	5	2018						
City	State	Zip Code		FEC Ide	entificatio	n Number							
McAllen Purpose of Disbursement	TX	78504	_	\sim									
contract services - salary expenditure			יוד	C		15 252							
Candidate Name			/	Transaction ID : SB21B.43695 Amount of Each Disbursement this F									
	ment For:				722.98								
Senate	Primary	General											
President State: District:	Other (spe	ecity)		Memo Item									
Full Name (Last, First, Middle Initial)													
C. Escamilla, Sandra, , Ms,					Date of	Disburse		.					
Mailing Address 1418 Quince					06		8	2018	_				
City	State	Zip Code			FFC Ide	entificatio	n Number						
McAllen	TX	78504				or it in out to	T Ttallibol						
Purpose of Disbursement contract services - salary expenditure			001	יוך	Transaction ID : SB21B.43696								
Candidate Name			Category Type	/									
Office Sought: House Disburse	ment For:		- 7 - 7	722.98									
Senate	Primary	General		4 4									
President	Other (specify)				Memo Item								
State: District:													
SUBTOTAL of Disbursements This Page (optional).				•				2168.93	3				
TOTAL This Period (last page this line number only	<i>'</i>												

S	CHEDULE B (FEC Form 3X)		FOR LINE						E NUMBER: PAGE 208 OF 220								
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	ny information copied from such Reports and State for commercial purposes, other than using the nar																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE	С															
_	Full Name (Last, First, Middle Initial)																
Α.								Date of Disbursement									
	Mailing Address 1418 Quince							06			22	_		2018			
	City McAllen	State Zip Code TX 78504						FEC I	denti	ificatio	n N	luml	ber				
	Purpose of Disbursement contract services - salary expenditure			C	001	$\overline{}$		С	_		_						
	Candidate Name			Cate	ego	ry/						_	B21B.4 rsemen	13697 It this P	eriod		
	Office Sought: House Disburse Senate	ment For:	General		<i>y</i> 1			L	_		_			722.97			
	President State: District:	Other (spec						M	emo	Item							
_	Full Name (Last, First, Middle Initial)										_						
В.								Date of Disbursement									
	Mailing Address 2401 W. Rhin Drive						04 13 2018										
	City Edinburg	State TX	·						denti	ificatio	n N	√uml	ber				
	Purpose of Disbursement contract services - salary expenditures	001					C Transaction ID : SP24B 42009										
	Candidate Name		Category/ Type					Transaction ID: SB21B.43698 Amount of Each Disbursement this Period							eriod		
	Office Sought: House Disburse Senate	ment For: Primary General					942.16										
	President State: District:	Other (spec					Memo Item										
_	Full Name (Last, First, Middle Initial)							Date of	of Di	oburo		ont					
C.	Gonzales-Leal, Nicole, , ,							M N	וט ול		D	711L	Y	/ I Y II Y			
	Mailing Address 2401 W. Rhin Drive							04	_		27			018			
	Edinburg	State TX	Zip Code 78539					FEC I	denti	ificatio	n N	luml	ber	_			
	Purpose of Disbursement contract services - salary expenditures			C	001			С	ans	action	ı ID) : SI	B21B.4	13699			
	Candidate Name			Cate	ego:	ry/	Transaction ID : SB21B.4369§ Amount of Each Disbursement this Period							eriod			
	Office Sought: House Disburse Senate	ment For:					942.15										
	President	Primary ☐ General Other (specify) ▼					Memo Item										
г	State: District:									_	_	_	_		_		
s	SUBTOTAL of Disbursements This Page (optional)			>					_	7		_		2607.2			
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SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 209			209 O	F 220				
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	y information copied from such Reports and State for commercial purposes, other than using the nate											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	BORDER HEALTH FEDERAL PA	С										
_	Full Name (Last, First, Middle Initial)											
Α.	Gonzales-Leal, Nicole, , ,					Date o	of Disb	ourser		Y	Y	Υ
	Mailing Address 2401 W. Rhin Drive					05 11 2018						
	City Edinburg	State TX	Zip Code 78539			FEC Id	dentific	cation	Numbe	er		
	Purpose of Disbursement	17	78539						-		7	
	contract services - salary expenditures			00	1	C	-		D 00	045	40700	
	Candidate Name			Categ	iory/	Transaction ID : SB21B.43700 Amount of Each Disbursement this P						eriod
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		ment For:									942.16	j
	Senate President	Primary General Other (specify) ▼										
	State: District:	Other (ope	,ony) ▼			Me	emo It	em				
	Full Name (Last, First, Middle Initial)											
B.	Gonzales-Leal, Nicole, , ,					Date of	of Disb	ourser	nent			
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	Mailing Address 2401 W. Rhin Drive					05		25			2018	
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	Mailing Address 4100 N. 23rd				06 25 2018					
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	Candidate Name				Transaction ID : SB21B.43690					
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Mailing Address P.O.BOX 3293				05	0:	2 2	2018		
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BORDER HEALTH FEDERAL PAC	;					
Full Name (Last, First, Middle Initial) - Water Tower Village				Date of Dis	bursement	
Mailing Address 52211 N. McColl Road				06	07 2018	
McAllen	tate TX	Zip Code 78504			cation Number	
Purpose of Disbursement office lease expenditure			001	C	ction ID : SB21B.43712	
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Full Name (Last, First, Middle Initial) A. EGGMAN FOR CONGRESS Mailing Address 3220 WEST MONTE VISTA BOULI	EVARD		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
#169	State Zin Code		
City S TURLOCK	State Zip Code CA 95380		FEC Identification Number
Purpose of Disbursement contribution		011	C C00543843 Transaction ID : SB23,43718
Candidate Name EGGMAN, MICHAEL RAY, , ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: Wall House Disbursen	nent For: 2018 Primary General		5000.00
State: CA District: 10	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. GOODEN, LANCE, , , Mailing Address 215 ELM DR			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TERRELL Purpose of Disbursement contribution Candidate Name GOODEN, LANCE, , , Office Sought: House Senate Disbursen	State Zip Code TX 75160 nent For: 2018 Primary General Other (specify)	011 Category/ Type	FEC Identification Number C H8TX05144 Transaction ID : SB23.43714 Amount of Each Disbursement this Period 5000.00
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Full Name (Last, First, Middle Initial) C. LINDSEY FOR CONGRESS Mailing Address P.O. BOX 508			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code		FEC Identification Number
MCLEAN Purpose of Disbursement contribution	VA 22101	011	C C00637892 Transaction ID: SB23.43722
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A. MARC VEASEY CONGRESSIONA	AL CAMPAIGN COM	1MITTEE	Date of Disbursement						
Mailing Address PO BOX 50084			04 16 2018						
,	State Zip Code TX 76105		FEC Identification Number						
Purpose of Disbursement	70100		C C00506832						
contribution		011	Transaction ID : SB23.43716						
Candidate Name	ALONI OOMANAITTEE	Category/	Amount of Each Disbursement this Period						
MARC VEASEY CONGRESSIONAL CAMP. Office Sought: W House Disburser	AIGN COMMITTEE nent For: 2018	Туре	5000.00						
	Primary General		3000.00						
	Other (specify) ▼		Memo Item						
State: TX District: 33			<u> </u>						
Full Name (Last, First, Middle Initial) B. MARC VEASEY CONGRESSIONA		4N 41TTCC	Date of Disbursement						
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Mailing Address PO BOX 50084	ig Address PO BOX 50084								
Oih.	Net 7:- 0 1								
,	State Zip Code TX 76105		FEC Identification Number						
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contribution		011	Transaction ID : SB23.43717						
Candidate Name MARC VEASEY CONGRESSIONAL CAMP	AIGN COMMITTEE	Category/ Type	Amount of Each Disbursement this Period						
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Senate	Primary General		45 45						
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State: District:									
SUBTOTAL of Disbursements This Page (optional)			10000.00						
CODICIAL OF Disbursements This Page (optional)		<u> </u>							
TOTAL This Period (last page this line number only).			25000.00						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 219 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen TX 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 900.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space AC Rentals Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 900.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1800.00 1) SUBTOTALS This Period This Page (optional)..... 1800.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 1800.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10 Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.